Swaziland

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

(No data provided.)

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated						

number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
2009 Swaziland HIV SABERS	Surveillance and Surveys in Military Populations	Uniformed Service Members	Publishing
Linkage of Newly HIV Diagnosed to care services	Evaluation	Other	Development
SHIMS (Swaziland HIV Incidence Measurement Survey)	Evaluation	General Population	Implementation
Swaziland HIV Incidence Measurement Survey (SHIMS)	Evaluation	General Population	Implementation

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			555,403		**555,403**
DOL			280,000		**280,000**
HHS/CDC		1,200,000	9,835,015		**11,035,015**
HHS/HRSA			220,000		**220,000**
PC			169,600		**169,600**
State			597,765		**597,765**
USAID			9,042,217	6,900,000	**15,942,217**
Total	**0**	**1,200,000**	**20,700,000**	**6,900,000**	**28,800,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	DOL	PC	USAID	AllOther	
CIRC		15,000	200,000				2,484,306		**2,699,306**
HBHC		70,000	1,250,000				369,124		**1,689,124**
HKID						20,000	1,947,000		**1,967,000**
HLAB			1,000,000				100,000		**1,100,000**
HMBL			1,125,000						**1,125,000**
HTXD							600,000		**600,000**
HTXS		53,000	3,000,000				330,000		**3,383,000**
HVAB		30,000			90,000	79,600	1,252,900		**1,452,500**
HVCT		40,000	1,343,000				71,989		**1,454,989**
HVMS	597,765	117,403	1,557,015			50,000	1,229,209		**3,551,392**
HVOP		80,000	70,000		80,000	20,000	959,084		**1,209,084**
HVSI		70,000	360,000		70,000		1,127,923		**1,627,923**

HVTB		50,000	180,000				738,400		**968,400**
MTCT							2,225,000		**2,225,000**
OHSS		30,000	200,000	220,000	40,000		1,967,027		**2,457,027**
PDCS			375,000				430,255		**805,255**
PDTX			375,000				110,000		**485,000**
	597,765	**555,403**	**11,035,015**	**220,000**	**280,000**	**169,600**	**15,942,217**	**0**	**28,800,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,689,124	
HTXS	3,383,000	
Total Technical Area Planned Funding:	**5,072,124**	**0**

Summary:
Context and Background The Swaziland HIV Estimates and Projections (2007) estimate that there are approximately 188,000 people living with HIV/AIDS (PLWHA) in 2009, all of whom need some level of care and/or treatment services. More recent estimates indicate that approximately 63,000 people are in need of ART, of whom 7 percent are under 15 years of age. Despite strong government commitment to the delivery of HIV/AIDS treatment services and impressive achievements to date, the country still faces severe ART as well as other care and treatment service-delivery challenges. In its effort to roll out ART services rapidly, the Ministry of Health (MOH)/ Swaziland National AIDS Program (SNAP) established these services, with Global Fund resources, in an extremely vertical fashion, almost parallel to the existing primary health care delivery system. Currently, there are 12 public hospitals or health centers that provide ART and a number of additional outreach sites that are serviced by them. In addition, there are private health care providers that deliver ART, albeit on a limited scale. • SNAP estimates that, thus far, close to 38,000 people are currently on ART. However, more than one third of those who begin ART are lost to follow-up within the first 12 months of initiation, owing to highly centralized services, ineffective adherence support and poor patient monitoring. • SNAP also reports that 48,037 people have been enrolled in the pre-ART program. This program, however, is in its very early stages of development. While people are duly eligible and registered for it, the actual services are mostly sparse, un-coordinated, or not available at all. • Finally, SNAP reports 59,496 HIV/AIDS related home-based care person-visits in 2008. While some excellent models of community-based and home-based care programs have been implemented, they are mostly driven by small grassroots NGOs or FBOs and very localized and limited in scale. A nation-wide, government owned and well-coordinated home-based care program does not exist. SNAP and its stakeholders are working tirelessly to tackle the multiple problems and issues discussed above, with a clear goal of implementing a more decentralized, integrated and comprehensive HIV/AIDS-related care and treatment package (CCP), while dramatically increasing the quality of service delivery, in the existing ART-centers and in the rest of the health service delivery system. Utilization of the primary health care system in the decentralization of HIV services will promote the transition to a sustainable chronic disease management model. Assuming that most clients access health care at clinic level first, the decentralization of HIV/AIDS related services to that level will ensure greater accessibility and up-take of services. This may result in earlier and increased access to HTC, earlier access to basic care services and, eventually, more timely access to ART. In addition, bringing the service closer to clients would have to result in improved client retention, treatment adherence and, ultimately, better treatment outcomes. This goal stands as a central pillar in the Partnership Framework (PF) and as a priority thematic area in the National Strategic Framework on HIV/AIDS 2009-2014 (NSF). Accomplishments since last COP Over the past two years, several PEPFAR partners have been key members of the National Care & Treatment Technical Working Group (TWG) and the National Palliative Care TWG and participated in the

development of policy, technical guidelines, training curricula, etc. for HIV/AIDS-related care and treatment services. PEPFAR has provided considerable support towards the roll-out of the ART program and the implementation of other HIV/AIDS-related care and treatment services. PEPFAR partners have been involved in training and mentoring of key ART and PMTCT+ program personnel and in actual on-site implementation support to address issues of service quality and treatment adherence. In addi tion, PEPFAR partners have played a crucial role in planning with SNAP to re-position 'pre-ART' and to develop and implement a CCP. PEPFAR has also supported the community-based and home-based extension of service-delivery, through its support to several NGOs and FBOs. PEPFAR has recently assisted SNAP with an assessment of linkages and referrals within HIV/AIDS services. This assessment was part of a multi-step process defined by the National Linkages and Referrals TWG to develop an evidence-based and much-improved referral system to address the country's fragmented continuum of care. Besides direct support to care and treatment service delivery, PEPFAR has provided considerable technical support to improve the availability and quality of HIV/AIDS-related diagnostics and to address issues around ARV and other OI management drugs availability and consistent drug supplies. Goals and strategies for the coming year As a focus of the PF and NSF, PEPFAR Swaziland will emphasize intensive policy, planning and implementation work with the GKOS and local and international NGO partners on improvement of access to and quality of a CCP. In FY11, PEPFAR and its partners ICAP, URC, MSH and local community-based NGOs will substantially expand their support to SNAP plans for scale-up and quality improvement of HIV/AIDS related care and treatment services. Support will be centered on the implementation of more decentralized, integrated, and comprehensive services. 1) PEPFAR Partners will continue to work closely with the MOH and other stakeholders, including WHO, Clinton Foundation, and Baylor College on the development of policies and technical guidelines in support of the CCP. Critical policy issues to be addressed include, but are not limited to, decentralization of services, linkages and referrals, and task shifting. Pharmaceutical and lab related policy developments are covered in their respective sections. 2) PEPFAR, through ICAP, will continue to support the roll out of the CCP which includes: • Provider-Initiated HIV Testing and Counseling (see HVCT) • Baseline patient assessments • Lab & clinical monitoring (see HLAB) • Regular TB screening (see HVTB) • Provision of prophylaxis with CMX, INH, Fluconazole • Managing common symptoms • Diagnosis and treatment of OIs • ART • Screening for cervical cancer, breast cancer, Kaposi Sarcoma, and other cancers • Sexual and reproductive health (see MTCT) • Mental health • Adherence to care & treatment • Psychosocial support • Prevention with positives • Nutrition support • Hygiene, water and sanitation support • End-of-life care and support 3) PEPFAR partners will continue their implementation support to the existing ART-centers at hospitals and health centers. The emphasis of their support will be on building capacity for sustained service delivery, strengthening quality of services and improving outcomes. Support to facilities will include the improvement of various systems including: patient flow, service scheduling, appointment systems, document of patient information, referrals etc. In addition, the Expert Client program, utilizing 'experienced' PLWHA to provide counseling and psychosocial support to new clients, will be expanded based on the past year's successes. Finally, new interventions will be designed and implemented to address client retention and treatment adherence, such as enhanced monitoring of missed appointments and different approaches to defaulter tracing. 4) PEPFAR will focus most of its efforts on assisting SNAP with its decentralization process. Several PEPFAR partners will be involved in supporting the roll-out of the CCP to the primary health care level. PEPFAR will adopt a "grassroots" approach of supporting approximately 25 primary health care clinics within the country. Based on need, support to these primary health care clinics may include infrastructural upgrades, equip ment, additional staffing, adequate lab access, adequate drugs and medical supplies, training, mentoring and supportive supervision. 5) PEPFAR will also build on existing community-based health care structures to further support the continuum of care concept and to increase the involvement of client families. The MOH's Rural Health Motivators and the Home-based Carers from various NGO's and FBO's will be used to create stronger facility-community linkages. These linkages will increase the number of individuals and families accessing HIV/AIDS care and treatment services and will decrease the number of patients who discontinue treatment or become lost to follow-up. These community-workers will also be deployed as care supporters to provide direct home-based services to people living with HIV/AIDS. Besides care, responsibilities could

include prevention for positives, psychosocial support, identification and referral for nutritional needs, identification of basic infections and referral to the community clinics. 6) PEPFAR and URC in support of the National Tuberculosis Program (NTP) and in concert with SNAP planning will continue to introduce ART and pre-ART into all TB clinics in the country, thereby increasing access for TB patients (80 percent of whom are HIV infected) and alleviating TB infection control challenges. 7) PEPFAR partners will continue to support the MOH in further developing training curricula and providing in-service training to key personnel on the CCP. PEPFAR partners will collaborate to explore efficiencies and ways to coordinate different aspects of training in order to minimize the burden on health personnel and their availability for service delivery. In addition, PEPFAR will work with tertiary training institutions for health care workers to incorporate HIV/AIDS-related care and treatment in their pre-service training curricula. Working with nursing schools will be the starting point, but this will expand to other health cadre training institutions (see HRH). 8) PEPFAR partners will continue to assist MOH with program guidance for adequate referral mechanisms for post-test support, prevention, and care and treatment services for HIV-infected clients. (see HVSI, HVCT, OHSS). This work, under the Referrals Working Group, will build on the outcome of the 'referral assessment' that was recently completed and on previous efforts at establishing 'referral directories', in order to improve the continuum of care. A particular area of emphasis will be the establishment of diagnostic sample transportation systems, with the Clinton Foundation and Global Fund, to reduce the actual referral of patients for diagnosis. 9) A more comprehensive planning and costing exercise within the MOH around the decentralization of CCP is a priority. PEPFAR with partners will support an initial exercise along these lines in FY10, with a routine needs-based planning/budgeting system developed and institutionalized in subsequent years of the PFIP. 10) Through MSH, PEPFAR has developed a national ART patient management information system, RxSolution-PMS, currently used at the existing ART sites. Besides providing routine site-level data and periodic reports, it allows for better patient management, including the identification of defaulting patients. MSH will ensure that infrastructure, training and mentoring for RxSolution will follow the decentralization of services. Other partners will concentrate on skills development of health facility staff to be able to use the information collected and to make informed care and treatment service improvements, addressing issues of standards of care. PEPFAR partners will assist in the completeness and quality of data recorded on registers, patient records and logs which would also include writing of proper patient notes and observations. At a program level, PEPFAR will assist the MOH to put in place data utilization protocols to routinely evaluate ART outcomes. 11) Through DOD, PEPFAR will undertake de dicated initiatives to implement the CCP, for the military and other uniformed services. A related initiative will be aimed at providing the CPP services throughout the prisons system. PEPFAR Swaziland has hired and will have in place a Care and Treatment Program Lead by 2nd quarter FY10.

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	600,000	
Total Technical Area Planned Funding:	**600,000**	**0**

Summary:

Context and Background The Ministry of Health (MOH) introduced free antiretroviral treatment in December 2003, with the full cost of the ARVs (and some other medicines for opportunistic infections) covered by the Global Fund (PEPFAR Swaziland has not procured ARVs). The Swaziland National AIDS Program (SNAP) estimates that, thus far, close to 38,000 persons are currently on treatment, out of a total estimated 60,000 eligible. National and facility-level stock-outs of medicines, medical supplies and lab reagents have been too common. Procurement and supply chain management of medicines and medical supplies is typically handled by the MOH's Central Medical Stores (CMS). However, CMS has a

long-standing history of weak and inconsistent performance due to a number of challenges, including severe infrastructural and human resource limitations. The same applies to the MOH's National Laboratory Services (NLS) which is responsible for the procurement and management of lab reagents and supplies. To avoid these constraints and ensure accountability, a parallel system was put in place for the commodities that are procured with Global Funds. The Principal Recipient, the National Emergency Response Council for HIV/AIDS (NERCHA), directly procures the commodities based on requisitions from the CMS or NLS. Once procured, the commodities are routed through CMS or NLS to the clinics and labs. It is clear however, that there are critical communication gaps between NERCHA and the MOH and that the parallel system has resulted in additional layers of bureaucracy and has not necessarily produced the expected results. Recently, there appears to be a general consensus that efforts should be directed at addressing the long term issues of CMS and NLS, rather than adding even more parallel and/or temporary systems to try and resolve problems. Accomplishments since last COP Since January 2006, through Management Sciences for Health (MSH), PEPFAR has worked with the MOH to implement a drug supply management and tracking system (initially for ARVs only) at the public and private ARV clinics. In addition to helping meet the Global Fund conditions precedent regarding Swaziland's eligibility for ARV procurement, this system has strengthened the accountability of ARV stocks at all levels and optimized the quantification of drug needs and the estimation of re-order levels. The roll-out of the drug supply management and tracking system is following the roll-out of ARV treatment services to a gradually increasing number of health facilities in the country. Using the same successful approach, PEPFAR has also started working on the quantification and supply chain management of other products (i.e. for PMTCT+, TB, other OI prophylaxis and management, pain management, and lab). In addition, PEPFAR has worked with the MOH on policy changes to strengthen the National Drug Advisory Committee (NDAC) and to review the procurement practices for medicines and other commodities in order to implement a transparent and efficient tendering and procurement system. MSH has revised existing formularies, promoted adverse drug event reporting, and implemented pharmaceutical and therapeutics committees in treatment facilities. These successes have been achieved through close, ongoing collaboration between PEPFAR, NERCHA, MOH and other partners and stakeholders. PEPFAR has played a crucial role in strengthening communication and collaboration within the MOH, between the MOH and NERCHA, and sometimes, between NERCHA and Global Fund/Geneva. Still, much more needs to be done. Goals and strategies for the coming year With FY10 funding, support in this area will continue to be in line with the National Strategic Framework for HIV/AIDS (NSF) for 2009-2013 and will provide an important systems strengthening foundation for the care and treatment pillar of the Partnership Framework (PF). 1) In collaboration WHO, MSH has been working with the MOH and other stakeholders to review ex isting regulations and legislation relevant to the procurement and distribution of medicines. This long term effort is already well on the way as the first draft of the medicines legislation is almost complete. In FY10, MSH will continue to assist the MOH to complete legislation and to implement the Swaziland Medicines Regulatory Authority (SMRA) to standardize the importation, procurement, storage and distribution of medicines for the public and private sector. 2) MSH has been working with the NDAC to review procurement practices for medicines and other commodities in order to implement a transparent and efficient tender system and to ensure access to cost-effective products of the highest quality from reliable suppliers. In FY10, MSH will continue to strengthen the tendering process and assist the NDAC in monitoring supplier performance, reviewing facilities expenditures and improving financing mechanism. A cost comparison analysis will be carried out and presented. 3) MSH will continue to strengthen medicine and commodity needs quantification practices and the monitoring of needs estimate vs. purchase vs. morbidity data for medicines and other commodities. The decentralization of the quantification process is one of the key success factors; therefore facility level procedures will be further developed and implemented. 4) MSH will continue to expand and roll-out its drug supply management and tracking systems (both manual and computerized) to ensure availability of essential medicines, optimize reorder levels, monitor expenditures and strengthen the accountability of stock at all levels. To date, MSH has implemented its computerized inventory and dispensing system (RxSolution) at 19 sites (including private sites) to support access to ART. The system is expected to be deployed to additional sites during FY10. MSH will continue to support system implementation and improvement and to build capacity at site level

to ensure that the system is fully functional and used for program improvement. The implementation of the drug supply management and tracking system is expected to go beyond the management of ARVs and will progressively include other medicines and commodities. 5) MSH will assist the MOH in developing key performance indicators to monitor critical areas of the delivery of pharmaceutical services at all levels (central, district and facility). These indicators will feed into the national indicators. Standard operating procedures (SOPs) will be developed to report on these indicators on a quarterly basis and will be included in the overall M&E plan. MSH will also train pharmacy personnel in M&E principles and practice. 6) The MOH (through its Cooperative Agreement with PEPFAR) with technical assistance provided by MSH and CDC will set up a system to routinely establish drugs availability at service site level. 7) In the context of improving stewardship and capacity to implement sound tendering and procurement of pharmaceuticals, PEPFAR is prepared to replenish (one-time) the national ARV buffer stock (up to 3 months) as part of the PF.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	2,699,306	
HMBL	1,125,000	
Total Technical Area Planned Funding:	**3,824,306**	**0**

Summary:
HMLB – Blood Safety Context and Background Swaziland's health services have been compromised by a chronic shortage of safe blood for transfusion. Over the past 5 years annual blood collection has averaged below 10,000 units. The conservative target for 2009 is 18,000 donations, but current estimates indicate that only between 12,000 and 13,000 units will be collected. This falls far short of the conservative estimated clinical need for blood in Swaziland. The most important reason for inability to meet demand for safe blood is an inadequate number of permanent staff in the Swaziland National Blood Transfusion Service (SNBTS). Together with the country's very high sero-prevalence of HIV, this makes ensuring a safe and adequate blood supply extremely challenging. To date, this essential program component has received only minimal PEPFAR support through Safe Blood for Africa (SBFA). Accomplishments since last COP SBFA has supported the SNBTS in the development of a Strategic Plan, including the establishment of a dedicated SNBTS organizational structure. Donor recruitment was identified as the priority area of need, so specific funding for the recruitment, training and salary of a Blood Donor Recruitment Officer was provided. In addition, all SNBTS personnel were trained on donor recruitment and several new donor recruitment strategies were developed for gradual implementation. Besides the focus on blood donor recruitment, SBFA has supported the development of standard operating procedures for SNBTS activities, addressed a number of issues related to blood safety and quality assurance, assisted with the development of an information system to routinely measure success and identify challenges, and provided overall management and administration training and support. Goals and strategies for the coming year COP 10 represents an opportunity to support the SNBTS in establishing an integrated approach to blood safety with potential cross cutting benefits to many PEPFAR programs. A fully capacitated SNBTS which ultimately meets the (conservative) estimated need, will provide at least 18,000 units of safe blood per annum to the health service. This represents at least 18,000 counseling and testing interactions (specifically for potential blood donors) per year. Although 18,000 units is less than the WHO recommended figure, this target is probably appropriate for the current status of health services in Swaziland. However, as health care services develop, the national blood requirement will have to be revised upwards. SNBTS is well positioned as an essential service to support the NSF and priority pillars of the Partnership Framework (PF). In particular adequate supply of safe

blood will contribute to enhanced adult and pediatric care and treatment, counseling and testing, laboratory services and HIV prevention (through Bio Medical Prevention). Benefits extend beyond HIV-specific interventions. A safe blood supply is increasingly acknowledged as a critical treatment adjunct to manage HIV related anemia with up to 70% of all patients with HIV developing anemia. For maternity cases complicated by severe bleeding, blood transfusion is life saving. Likewise, malaria is often complicated by severe anemia which might require transfusion. Priority areas for support of Swaziland's blood service include securing the necessary human capacity, training specialized staff dedicated to the blood service, and retaining them in the service by providing professional development and career paths within the SNBTS. Effective development of the SNBTS requires skills which extend far beyond the scope of routine laboratory services, and therefore requires specific expertise and dedicated technical assistance. With additional HBML funds in COP10, a new implementing mechanism for HBML will be developed to allow for greater expansion of this program area. 1. In FY11, PEPFAR, through SBFA, will continue to provide operational and techn ical assistance in line with the Strategic Plan that was developed for SNBTS in August 2008. This is in line with the NSF, PF and WHO's norm's and standards through pursuing adherence to the national blood policy, and enactment of supporting legislation 2. SBFA will provide training for SNBTS and hospital personnel in donor management, best practices, appropriate clinical blood use as well as monitoring and evaluation and will assist in development of plans for longer term sustainability by ensuring an effective cost efficient operation. 3. SBFA will continue to train SNBTS personnel on WHO recommended guidelines and best practices. SBFA will also provide follow-up training on safe blood collection. SBFA will also continue to provide technical assistance and support training and mentoring for the implementation of an effective Quality Management System to support the in-country trainings, SBFA will provide continued mentorship to ensure continued adherence to best practices and standards. 4. The TBD HVBL mechanism will support the development of Swaziland's National Blood Transfusion Service and the broader community of health providers that require safe blood for their clients. CIRC – MC Context and Background It is estimated that of the total 953,000 Swazi population, approximately 200,000 are sexually active men. The vast majority of males are not circumcised (estimates: 85-97%). In 2007 Swaziland established a National Male Circumcision (MC) Task Force (TF) which leads the national scale-up plans of the Kingdom that aim to reach 80% of men aged 15-24 years with circumcision services over a five year period. This MC scale up plan is a key priority for both the NSF and the PF. As part of the Ministry of Health (MOH) plan to scale up service delivery, the GKOS has welcomed donor assistance. The PEPFAR Swaziland Prevention Technical Lead sits on the TF and is an active member to promote the way forward for this activity. The vast majority of the national scale-up plan is co-funded by PEPFAR and the Bill and Melinda Gates Foundation. In order to achieve national scale up of MC in Swaziland, several options for service delivery will need to be explored due to the extreme challenges in human resources. Task sharing with nurses, use of short-term foreign doctors and other options will all be options to be explored under the purview of the national TF on MC. With COP10, the prevention portfolio for PEPFAR Swaziland enters into in second year of re-focusing on a combination approach as part of the Partnership Framework. Increased coordination for sexual prevention activities and overall structural issues will be done in collaboration with biomedical to decrease the incidence rate of HIV in the general population. Accomplishments since Last COP COP 10 represents the second COP in which MC is a significant component of the PEPFAR Swaziland Prevention Strategy. Since COP 09 with PEPFAR's support, there have been several key accomplishments that demonstrate the commitment of the GKOS towards this program's success: 1. A national MC policy was approved by the GKOS cabinet 2. An MC coordinator has been seconded to the MOH to coordinate and lead the scale-up plans 3. PSI has opened its first stand-alone MC clinic run on the MOVE model that allows ~30 men to be circumcised per day when operating at full capacity 4. Sections of two public hospitals have been renovated to allow for MC service delivery 5. Doctors and nurses at public and private clinics have been trained according to WHO standards in MC service delivery 6. Plans are underway to have Swaziland be the pilot country program for assignment of expatriate doctors to increase service delivery 7. A national MC clinical protocol and communications strategy have been developed and are awaiting final approval 8. An MC TF research sub-committee has been formed and is chaired by the PEPFAR Prevention Advisor to ensure coordinatio

n of formative, operations and impact research activities Goals and Strategies for the Coming Year MC is one of the five pillars of the PF and is a crucial part of the prevention strategy planned to slow the spread of the epidemic in Swaziland. Due to its importance and the relatively low cost of this effective intervention, MC will retain a significant percentage of overall COP 10 funding. The GKOS plans to scale-up MC services to reach 80% of males 15-24 years within five years. Neonatal circumcision advocacy and service delivery is also being enhanced. PEPFAR will remain the most invested partner nationally in these plans through direct funding to implementing partners, the secondment of a national MC coordinator to the MOH, provision of technical assistance by an in-country PEPFAR prevention advisor and the support globally of the OGAC MC TWG. All efforts will reinforce the ownership of the MOH in this national program and will lead to sustainability over time by linkages made with the Human and Institutional Capacity Development portfolio of the PF. During FY11, PEPFAR partners aim to support 18 MC service sites, MC training for 119 individuals and 23,616 MC services. Continued implementing activities in COP10 include 4 components: 1. DOD will utilize CIRC funding to train USDF doctors and nurses to be able to offer MC services to military recruits at the Phocweni clinic as well as provide referrals and follow-up care to personnel who undergo MC at outside clinics. USDF will be involved in translating the national MC communication strategies to resonate with military populations. 2. Under the UGM Pact, FLAS will continue to be the strongest local NGO partner providing MC services in two locations in Swaziland. FLAS will complete renovations to their clinics, hire additional clinical staff and continue as a member of the MC Task Force ensuring that national messages are well coordinated in local populations. 3. Through Futures Group, an MC Coordinator will be seconded to the MOH to lead the overall strategy and build capacity for the MC program and service delivery, research projects and additional costing studies. 4. A new award will be issued with COP10 funding to continue supporting the PSI MC clinic in Matsapha, provide support to the government facilities, bring in expatriate doctors for short-term MC service provision, and provide better linkages with UNICEF for the advancement of neonatal MC.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	1,454,989	
Total Technical Area Planned Funding:	**1,454,989**	**0**

Summary:

Context and Background Swaziland, with a population of 1.1 million, is estimated to have a HIV/AIDS prevalence rate of 42% among ANC attendees. The Swaziland Demographic and Health survey (SDHS) 2007 estimates that, among the population age 15-49, 36% of women and 17% of men reported having ever been tested and receiving HIV test results at some time: one in five women (22%) and one in ten men (9%) were tested and received HIV test results in the 12 months preceding the survey. Client-initiated HTC services have historically been provided in 42 public and private facilities throughout the country. Some of these are free-standing and run by NGO's, while others are integrated in existing government health facility structures. Many of them have additional outreach services. HIV testing remains the entry point for HIV-related care and treatment services. The emphasis of the Partnership Framework is on further scale-up and accessibility of services, through a strong and effective communication campaign, and making HTC available in every single health facility and, through outreach, to every single community in the country. Further promotion and implementation of early infant and young child diagnosis will be part of this plan. Strengthening quality assurance strategies for HTC will be a very important area of focus. PEPFAR HTC support is in line with the new National Strategic Framework for HIV/AIDS (NSF) for 2009-2013 and the Health Sector Strategic Plan 2008 – 2013. While the MOH Swaziland National AIDS Program (SNAP) is working with all involved parties to further strengthen the

existing client-initiated HTC services, it has also launched a bold initiative to introduce provider-initiated HTC services at all levels of public health facilities throughout the country. This initiative is still in its early stages, with human resource limitations being one of the main obstacles. While many health care workers have already been trained to provide HTC, actual service delivery is mostly limited to ANC clinics, TB diagnostic and treatment facilities and, most recently, STI treatment centers. Accomplishments since the last COP Over the past few years, PEPFAR and its partners have provided significant assistance to SNAP in HTC promotion and quality assurance and the establishment of the currently available HTC services. PEPFAR has been instrumental in establishing the National HTC Technical Working Group and in the development of the National HTC Policy, HTC Technical Guidelines and Standard Operating Procedures (SOP's), and an HTC Training Curriculum. For client-initiated HTC the SNAP has adopted SOP's that were developed in PEPFAR partner settings and is working with PEPFAR partners to sustain the client-initiated HTC centers, with outreach facilities, throughout the country. Equally, SNAP has relied heavily on PEPFAR partners to establish provider-initiated HTC services at ANC, TB and STI clinics. PEPFAR in collaboration with the SNAP has included joint activities on HTC promotion, training of counselors, supervision and quality-assurance of services, lab support and supply chain management, and efforts to standardize data collection across HTC centers. PEPFAR has also worked with the SNAP to organize stakeholder conferences on the importance of HIV- infected clients' access to adequate prevention, support, care and treatment services and the compilation of regional 'referral directories'. Goals and Strategies for the coming year PEPFAR will continue to support client-initiated HTC services while, at the same time, taking a leading role in the establishment of provider-initiated HTC. In line with the SNAP communication strategy for HTC, PEPFAR partners will work to develop and disseminate communications to increase awareness on the availability of both client initiated and provider initiated HTC services. PEPFAR partners, in collaboration with other stakeholders, will provide technical assistance to MOH an d SNAP to streamline policies on integration of provider-initiated HTC in clinical services, task shifting of HIV testing and counseling to lay cadres, blood sample collection through finger prick, and issues of HIV testing in children. These will continue to provide extensive technical assistance in the development and/or implementation of an adapted national HTC policy document, an HTC expansion strategy, up-to-date HTC standard operating procedures, including adequate testing procedures and quality assurance (see HLAB), and a modular HTC training curriculum. Considerable support will be provided to enhance the lab capacity to provide adequate and quality assured HIV testing and the rapid expansion of access to early infant diagnosis. Health worker training, on-the-job mentoring and supervision and assistance in establishing high-uptake and quality-assured provider-initiated HTC services will be provided to all health Facilities. URC will further support TB diagnostic and treatment facilities and PSI will continue focusing its efforts on STI clinics, within the context of a decentralized, comprehensive and integrated HIV/AIDS care and treatment package. Several of the PEPFAR partners will collaborate with SNAP to provide comprehensive workplace programs to increase access of corporate, agricultural and factory workers to HTC services. Through DOD, PEPFAR will also support the development of HTC services for the Umbutfo Swaziland Defense Force (USDF) and some of the other uniformed services including correctional facilities to target prisoners. The aim of these interventions is to increase utilization of services by men who otherwise do not access health settings for care and treatment. PSI, URC and PACT in partnership with several community-based organizations, will continue to pursue innovative approaches to provide mobile outreach and community-based, door-to-door, and family-centered HTC services, in order to reach youth (especially out-of-school youth), men, couples, and client family members. Special consideration will be given to the integration of HTC within the context of male circumcision services and linkages to care. PEPFAR will continue to assist in the development and implementation of a routine data collection, analysis and reporting system for HTC services and will continue to support and mentor SNAP's quality assurance officer who will be responsible for monitoring and evaluation and support for HTC sites. Continued assistance with program guidance for adequate referral mechanisms for post-test support, prevention, and care and treatment services for HIV infected clients will be provided to MOH. To build capacity and contribute to sustainability over the longer term, PEPFAR will work with training institutions for health care workers to incorporate HTC in their training curricula. Working with nursing schools will be the starting point, but this may eventually expand to other

health cadre training institutions. The PEPFAR collaboration with the MOH has included joint activities on HTC promotion, training of counselors, supervision and quality-assurance of services, lab support and supply chain management, and efforts to standardize data collection across HTC centers. In FY11, PEPFAR will continue to support the MOH- led transition to provider-initiated HTC services and will pursue the expansion of cost-effective and quality models of service.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	2,457,027	
Total Technical Area Planned Funding:	**2,457,027**	**0**

Summary:

Success of Swaziland's Partnership Framework (PF) in terms of both scale up and enhanced sustainability of priority interventions hinges on efforts to strengthen human and institutional capacity in the public and non-governmental health sectors. It is for this reason that capacity development is the sole focus of one of the PF's five pillars and plays a key foundational role in each of the other four pillars. Developing human resources capacity for health is a dominant theme and is discussed in detail in the HRH technical area narrative. Efforts to strengthen technical leadership and skills training, laboratory infrastructure, pharmaceutical management and strategic information are described in the corresponding technical area narratives. This narrative focuses on a few cross-cutting HSS themes that are not addressed elsewhere in the COP. With the highest HIV prevalence in the world, the scale of Swaziland's epidemic has put extreme stress on the management and functioning of an already resource-limited health care system. Challenges include an insufficient number of personnel with skills in planning and management; facilities that require significant upgrades and routine maintenance; insufficient and outdated equipment and supplies; and, a traditionally vertical HIV service delivery approach. As a result, the pace of implementation, coordination and absorption of available funding could all be substantially improved and HRH and HSS have been placed at the core of the PF. Since its inception in Swaziland, PEPFAR has provided lead support in HSS. Prior to the PF however, efforts were somewhat disjointed without an overarching vision or plan. GKOS, with support from PEPFAR and the Global Fund (GF) among others, is now moving towards a more systematic, better coordinated approach. The MOH was recently awarded a GF grant to address critical HSS gaps in TB/HIV complementing PEPFAR supported activities and providing greater momentum to the overall HSS effort. PEPFAR support has included the implementation of a drug procurement and management system to help meet GF requirements. The USG has also provided on-going TA to the Global Fund Country Coordinating Mechanism (CCM) and NERCHA to strengthen the support systems for planning and delivery around the GF grants. Beginning with COP 09 funding, PEPFAR is supporting the recruitment of two CCM secretariat staff positions to strengthen the coordination of GF activities and improve monitoring and transparency. PEPFAR partners also supported the development and costing of policies and information systems to help drive decisions around HR, drug supply, male circumcision and provider-initiated counseling and testing. A Cooperative Agreement has been signed by PEPFAR and MOH providing support to the Planning Unit to enhance institutional capacity and build a sustainable response to the epidemic, including strengthening health systems in laboratory infrastructure, strategic information, planning and policy development. The European Union (EU) has placed a Technical Advisor in the Planning Unit at MOH that will complement PEPFAR support. With PEPFAR's support, a capacity gap analysis of the MOH was conducted and a new organizational structure has been developed that is a GKOS priority and is currently in line for Cabinet approval. The HR barriers to accomplishing 3-12-12 and 140,000 health worker and health care para-professionals goals are described more fully in the HRH narrative. The institutional barriers described above are receiving increased attention through the following response strategies. Health

Finance Through the PF, PEPFAR will provide technical assistance and support to the GKOS for costing HIV-related health services, especially as they relate to decentralization and scale up of key interventions. There is a significant gap in knowledge around costing in all program areas, but most urgently in light of evolving decision points around the treatment poli cy (e.g. CD4+ eligibility threshold, regime changes, and staffing norms). These costing studies will engage global experts and build capacity of local counterparts providing a stronger foundation for planning and budgeting around the HIV response. To ensure maximum benefit from Swaziland's GF grants, PEPFAR will continue to provide TA and support to strengthen the GF management structure and organizational capabilities of MOH and GF sub-recipients to effectively perform their functions. In particular, PEPFAR will support: • Improvements in principal recipient sub-granting, CCM oversight and M&E, and the management structure within government; • The establishment of a functional GF Secretariat by supporting two staff positions; • Increased quality and timeliness of national reporting, including information to the CCM and GF Geneva (GF Supplemental). Governance/Leadership A major theme throughout the PF is strengthening the leadership and governance of the HIV response in the public and non-governmental sectors. PEPFAR will support efforts to establish or revitalize Technical Working Groups (TWGs) chaired by government that provide national direction, coordination and oversight for the targeted interventions. Through a Cooperative agreement, PEPFAR is also working to build capacity in the Planning Unit of the MOH. This effort aims to improve strategic planning, budgeting and donor coordination. PEPFAR through Pact will continue its focus on the development of human and organizational capacity of local NGOs to promote the participation of viable and sustainable civil society organizations in the HIV response. Pact's capacity building activities will continue to be: assessment of sub-recipient organizational and technical capacity, development of institutional strengthening plans, delivering capacity building services, reassessment and refinement of institutional strengthening plans. Pact will identify short term management courses in Swaziland and the region to enhance leadership and management skills within the NGOs to support the transition to increased funding levels and eventually direct funding. Through the DOL/ILO project, PEPFAR will continue to strengthen private sector enterprises to develop and manage HIV in the workplace programs in line with the National Multisectoral HIV/AIDS Policy and the ILO Code of Practice on HIV/AIDS and the World of Work. This includes the development of HIV/AIDS workplace guidelines to support Ministry of Enterprise & Employment – Department of Labor, the Federation of Swaziland Employers & Chamber of Commerce, the Swaziland Federation of Trade Unions, the Swaziland Federation of Labor as well as all other Project Advisory Board (PAB) members in the implementation of the national policy. Other partners will also continue to be engaged in capacity development of local organizations. SAHCD will provide the Institution for Development Management (IDM) with TA to establish partnerships with Ministries and other stakeholders to obtain buy in for their training and tools. Capacity building for IDM will also focus on their capacity to document and disseminate best practices. PSI and SCSWD will both work with local sub-grantees to improve their service delivery, planning and management systems. Procurement systems PEPFAR has been carrying out activities to improve pharmaceutical management. PEPFAR through MSH will continue to assist the Pharmacy Services to implement the Swaziland Medicines Regulatory Authority to standardize the importation, procurement, storage and distribution of medicines and related consumables for the public and private sector. This activity reaches beyond HIV/TB drugs and supplies to benefit the entire health sector.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,100,000	
Total Technical Area Planned Funding:	**1,100,000**	**0**

Summary:

Context and background Swaziland is burdened by extremely high rates of both TB (approximately 700 cases per 100,000 population) and HIV (estimated 26% in the general population). It is estimated that 80% of TB patients are co-infected with HIV. All of the pillars of the NSF and PF stand solidly on reliable laboratory derived data, yet this service is largely overlooked, poorly staffed and inadequately resourced. The GOKS has recognized that progress in reducing the HIV/AIDS/TB disease burden can be realized sooner and more cost-effectively by investing in strong laboratory infrastructure. PEPFAR, and some of its implementing partners, have been collaborating with the MOH's National Clinical Laboratory Services (NCLS) since 2006. Through a joint effort with the World Health Organization (WHO) and other stakeholders PEPFAR assisted in the development of a National Clinical Laboratory Policy document and a National Clinical Laboratory Services Development Plan 2008-2013. The Plan serves as a common roadmap guiding all lab and program partners during upcoming decentralization of HIV/AIDS services. It also provides a basis for donor coordination. According to the Swaziland Strategic Plan for Laboratories, 2008, there are no laboratories in the Health Clinic sites of remote rural areas where the vast majority of citizens are located and where health care is sadly deficient. It is in these remote rural areas that the highest incidence of HIV/TB-related morbidity and mortality exists. A new building for National Clinical Laboratory Services has been completed, the facility is significant in that it will provide space for offices, laboratories, supplies, and proposed expanded services that are absolutely essential for the development of quality laboratory improvement. The infrastructure of some laboratories has been greatly improved. The Human Capacity crisis has been somewhat relieved by recruitment and support of qualified laboratory professionals from other countries. This support, however, was designed as temporary measure while GOKS was putting in place a sustainable recruitment plan for the laboratories. Currently there has been an expansion of the current laboratory workforce, a review of the current conditions of service, and the creation of a supervisory structure with of clearly defined functions and responsibilities. Nevertheless there still is, a crisis in shortage of competent laboratory professionals at all levels. The pressing challenge in TB diagnosis is to detect and treat multidrug resistant (MDR) or extensively multi drug resistant (XDR) disease. Laboratory support is been minimal due to space constraints. Currently the laboratory does not have the capacity to perform DNA PCR testing for early infant diagnosis in Swaziland, as a result samples are being sent to South Africa and results take approximately four to six weeks to return. With the move to the new building it is envisaged that this test will be made available in Swaziland so that turn-around times may be reduced. The transportation of specimen, lab reports and supplies requests as well as delivery of supplies and delivery of test reports is at present performed by a transportation vehicle assigned to each Heath Care facility. The laboratory has no authority over the usage of this vehicle thus laboratory requirements for transportation are often not recognized and given low priority. As a result, specimen, requisitions, supplies and test results are lost or not delivered or simply ignored. There is no electronic Laboratory Information System (LIS) to assist in data collection and utilization. Currently, data retrieval is cumbersome if not impossible. Without electronic management of data, little research, monitoring of disease trends and detection of emerging diseases can be achieved. Accomplishments since last COP PEPFAR Swaziland's Strategy in the area of Laboratory Infrastructure focuses on building up th e planning, management, and quality assurance capacity of the National Clinical Laboratory Services to respond to the growing needs associated with Swaziland's response to the HIV epidemic. PEPFAR has engaged a number of partners to design and implement activities to meet these objectives; namely the American Society for Clinical Pathologists (ASCP), National Institute for Communicable Disease (NICD), University Research Corporation (URC), Management Sciences for Health (MSH), and the Southern Africa Human Capacity Development Coalition (SAHCD). In an effort to support decentralization of lab services a new cadre of lab personnel was introduced in 200x namely phlebotomists and sputum microscopists. To address sustainability issues and to expand the scope to better support rural clinics these phlebotomists and microscopists were trained on various key point of care tests through use of a training curriculum produced by PEPFAR partners in collaboration with local laboratory technologists. These phlebotomists and microscopists were then deployed to rural health facilities without a formal laboratory to assist with basic public health lab work including HIV testing. Some were also deployed to hospitals and health centers to perform TB sputum microscopy and this has greatly expanded TB diagnostic services. PEPFAR partners have also supported the roll-out and implementation

of decentralized CD4 count testing. Efforts included assistance with the installation and optimal operation of FacsCount instruments in several labs in the country, as well as training and on-site mentoring of lab technologists on best laboratory practices related to CD4 testing. Decentralization of laboratory services to these sites has greatly enhanced quality of care in the rural communities. Although sample collection for monitoring patients on ART and other diagnostic tests has been addressed, the transportation to Health Center or Hospital Laboratories still poses a great challenge which significantly delays diagnosis and treatment. PEPFAR through its partners has provided training, mentoring and quality assurance for TB culture and drug susceptibility testing at the Mbabane National Referral Laboratory which is monitored through an external quality assurance program of the South African Medical Research Council (SAMRC). The move to the new building greatly enhances the efforts to increase capacity by providing additional equipment to increase the volume of tests that can be performed as well as introduction new technologies (i.e fluorescence microscopy and line probe identification of drug-resistant). A Total Quality Management Systems (QMS) program has been initiated through the introduction of a National Quality Manager position as well as the development of implementation support, supervision and management tools. This work includes the implementation of laboratory-specific quality assessments and management plans to gradually cover all labs in the country. PEPFAR is also supporting the development and implementation of systems and protocols for standard operating procedures, quality assurance, supervision/mentoring, and strengthened laboratory management. Extensive in-service training and on-site mentoring of existing laboratory personnel on basic laboratory operations, chemistry, hematology, HIV testing, CD4 cell count testing, and TB microscopy has also been provided by PEPFAR partners in an effort to improve the quality of the service provided in all laboratories countrywide. To address pediatric diagnostic constraints described above, PEPFAR through its partners has sponsored local technologists to attend DNA-PCR training in South Africa. PEPFAR partners have also provided substantial training and mentoring support to the staff and operations of the Phocweni Clinic laboratory (USDF). This laboratory is dedicated for the military health services and was recently renovated and equipped with the assistance of DOD in collaboration with the NCLS. To support PEPFAR's efforts in strengthen ing laboratory services, a full-time resident Laboratory Program Specialist joined the USG PEPFAR team in January 2009. Goals and strategies for the coming year The COP 10 strategy for strengthening laboratory services will be founded on the following principles: ensuring strong country ownership; integrating project activities within Swaziland's health systems to ensure long-term program sustainability; linking project activities with other PEPFAR and donor funded initiatives to increase returns on USG investments in the country; and working with GKOS and other partners to ensure that laboratory services are strengthened as an important component to the TB/HIV services. These principles will advance the PF agenda and directly contribute to the pillars of prevention and care and treatment. PEPFAR will continue to build systems of quality assurance, mentoring and supportive supervision. Training activities will continue to build and expand the skills base in laboratory services. Efforts to establish a well-organized and proficient laboratory services transportation system are underway and PEPFAR in collaboration with Clinton Foundation, the Global Fund and other partners will provide necessary resources to provide a good transportation system. PEPFAR through its partners will provide technical assistance and funding for the introduction of a comprehensive Laboratory Information Systems.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	3,551,392	
Total Technical Area Planned Funding:	**3,551,392**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	1,967,000	
Total Technical Area Planned Funding:	**1,967,000**	**0**

Summary:

Context and background The number of children made more vulnerable by AIDS in Swaziland continues to increase while their life circumstances worsen due to the combined effects of HIV/AIDS, increasing poverty and recurrent drought. As the nation with the world's highest HIV prevalence, Swaziland is in the midst of a crisis for children. Nearly all children have been touched by the AIDS epidemic in some way. It is estimated that 25% of all children in Swaziland have lost one or both parents to AIDS and nearly a third of all children are orphaned and/or vulnerable (i.e., living with a parent or adult who is too ill to work or perform normal activities). Only 22% of children live with both parents and one third of children do not live with either parent. Nearly 70% of households in Swaziland live below the poverty line and yet, the SDHS found that 60 per cent of households with orphaned or vulnerable children received no external support for medical, social, material or emotional needs during the prior year. Although families, communities, NGOs, government and other partners have responded with both small and large scale initiatives, these efforts are often fragmented and varied in quality. They have not kept pace with the growing needs of vulnerable children. Human resource and other constraints limit their effectiveness. The policy environment is improving, through for example recent Cabinet approval of a comprehensive National Children's Policy and significant movement on Human Trafficking legislation, but many policy gaps exist and the full rights of children remain unprotected. In the last few years, there have been some encouraging developments. A National Children's Coordination Unit (NCCU) was established in the office of the Deputy Prime Minister (DPM) and the Department of Social Welfare (DSW) was moved from within the MOH to the DPM's Office. Six years ago GKOS introduced a budget allocation for grants to support education for orphans and vulnerable children. Although the costs of schooling are not fully covered by this grant, the national allocation has steadily increased. This year, GKOS declared its intent to phase in free primary education starting in 2010. Impact mitigation (IM) is one of the key thematic areas of the National Strategic Framework on HIV/AIDS 2009-2014 (NSF) and one of the priority pillars of the Partnership Framework (PF). The focus in both documents is to expand and improve support for vulnerable children in core services areas, including health, education, protection, psychosocial support and economic strengthening. A major goal is to enhance coordination and standardization of community based services. Implementation of Swaziland's National Plan of Action for Orphans and Vulnerable Children 2006-2010 (NPA) has just been evaluated and the NPA is now being revised to cover the period 2010-2013. The PEPFAR IM portfolio is being developed in harmony with this evolving plan. Accomplishments since last COP COP 09 funds for IM only became available after the PF was signed in June and the subsequent reprogramming was submitted in August. These funds are currently being obligated into specific mechanisms. So as yet, there are no partner activities to report. At the national level the USG PEPFAR team, in collaboration with UNICEF and Save the Children Swaziland among others, is supporting the NCCU to lead an inclusive process to develop quality service standards for programs in support of vulnerable children. The process is in its early stages, but local ownership and interest are strong and support from PEPFAR regional experts is forthcoming. The aim is to have standards in place and monitored within the 5-year period of the PF. Goals and Strategies for the coming year Activities in support of vulnerable children directly contribute to the IM pillar of the PF and the IM thematic area of the NSF. COP 10 represents only the second year of funding. Aspects of work with vulner able children also appear under the PF's other four pillars and these links will be strengthened through an IM approach that is family-centered and promotes the continuum of care. The principles of IM

portfolio within the PF are to: 1) reach large numbers of children with a package of basic services; 2) support and build on existing national momentum, structures, plans and initiatives; 3) leverage additional funding and resources and improve quality and sustain services; 4) promote family-centered approaches and stronger linkages between prevention, care, treatment and support; 5) devote the bulk of funding to services and support for children through national initiatives and through NGOs that can model or pilot key aspects of IM; and, 6) complement the service activities with efforts to strengthen systems and improve the policy environment. PEPFAR support will therefore operate at three levels: 1) Improving the policy environment - A comprehensive National Children's Policy has just been approved and several other key bills and policies related to children are currently being finalized or awaiting Cabinet Approval. PEPFAR will continue to work with the government and other stakeholders to ensure that these policies are adopted and implemented. During the coming year, effort will be particularly focused on approval of the Domestic Violence and Sexual Offences Act and the Social Welfare Policy. 2) Strengthening national systems - The evolving NPA emphasizes the need for quality standards to govern the services provided to vulnerable children in Swaziland. PEPFAR will continue to provide lead support to conduct an inclusive, practical process to standard setting, implementation and monitoring. PEPFAR will provide technical and financial support for a national standards setting workshop, followed by assistance to finalize and implement quality standards for five core service areas: education, protection, psychosocial support, health and food and nutrition. As the new NPA is finalized, PEPFAR will work closely with the NCCU to identify additional areas of support to ensure its full and effective implementation. 3) Supporting community based services - PEPFAR will continue to support two key national initiatives, specifically the Neighborhood Care Points and Community Protection Committees. This support is designed to build local capacity and complement the roles of Government and other donors, including GFATM and UNICEF. PEPFAR will also provide funding to local NGOs to improve and expand services for vulnerable children. These NGOs will model key aspects of IM (e.g., economic strengthening, family-centered care and reaching adolescents) and will work closely with national forums to share lessons learned and explore strategies for sustainability and potential for scale up. Funds will be provided to the Peace Corps for small grants to allow volunteers to implement child-focused activities within their communities. Efforts to expand services are complemented by PEPFAR's capacity development support to strengthen cadres of community workers (see HICD). The PEPFAR Swaziland IM portfolio will be supported by one full-time specialist due to arrive in late 2009. A portion of the HKID funding has been left TBD to allow for the arrival and engagement of the IM Specialist who will continue to design activities and develop partnerships around this new portfolio.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	805,255	
PDTX	485,000	
Total Technical Area Planned Funding:	**1,290,255**	**0**

Summary:

Context and Background The Swaziland HIV Estimates and Projections (2007) estimate that there are approximately 188,000 people living with HIV/AIDS (PLWHA) in 2008. Of these, approximately 13,000 are children. The Swaziland Demographic and Health Survey (SDHS) 2007 reported the HIV prevalence in children to be 5.1% in the 2-4 year age group, 4.2% in the 5-9 year age group, and 2.6% in the 10-14 year age group. Recent estimates suggest that 4,400 children are in need of ART. Despite strong government commitment to the delivery of HIV/AIDS services and impressive achievements to date, the country still faces severe ART as well as other care and treatment service-delivery challenges.

Specifically for children, access to HIV testing as an entry point to HIV/AIDS-related care and treatment remains an issue. While the roll-out of DNA-PCR for early infant diagnosis is underway, HIV testing of the slightly older children remains particularly problematic (see HVCT). Thus far, HIV/AIDS care and treatment services for children have been largely limited to young infants within the context of the gradually expanding PMTCT+ program. In addition, there is one NGO, Baylor College, that specifically provides pediatric HIV/AIDS care and treatment services for a wider age range of children. The Swaziland National AIDS Program (SNAP) estimates that, approximately one third of children initiated on ART are lost to follow-up within the first 12 months of treatment, owing to highly centralized services, ineffective adherence support and poor patient monitoring. The inadequate referral from PMTCT+ to mainstream HIV/AIDS care and treatment services appears to also contribute to treatment interruptions and loss to follow-up. It is estimated that 3,400 children were currently on ART in June 2009. The SNAP and its stakeholders are working tirelessly to tackle these issues, with a clear goal of implementing a more decentralized, integrated and comprehensive HIV/AIDS-related care and treatment package, including for children, while dramatically increasing the quality of service delivery in the existing services. Efforts include the appointment of a dedicated Pediatric Care and Treatment Coordinator in SNAP. Accomplishments since last COP Over the past two years, several USG partners have been key members of the PMTCT Technical Working Group (TWG), the National Care & Treatment TWG and the National Palliative Care TWG and participated in the development of policy, technical guidelines, training curricula, etc. for HIV/AIDS-related care and treatment services. Most of these documents contain materials that specifically apply to children. Besides the National Guidelines for Anti-retroviral Treatment for Adults and Adolescents, a dedicated guideline for pediatric ART exists. PEPFAR has provided considerable support towards the roll-out of the ART program, including the implementation of pediatric HIV testing for Early Infant Diagnosis and Early Infant Treatment and other pediatric HIV/AIDS-related care services. USG partners have been involved in training and mentoring of key ART program personnel and in actual on-site implementation support to address issues of service quality and care and treatment adherence. In addition, PEPFAR partners have played a crucial role in planning with SNAP to re-position 'pre-ART' and to develop and implement a Comprehensive HIV/AIDS/TB Care Package (CCP), with a slightly adapted version for children. PEPFAR has also supported the community-based and home-based extension of service-delivery, through its support to several NGOs and FBOs. PEPFAR recently assisted the SNAP with an assessment of linkages and referrals within HIV/AIDS services. This assessment was part of a multi-step process defined by the National Linkages and Referrals TWG to develop an evidence-based and much-improved referral system to address the country's fragmented continuum of care. USG has also provided considerable technical support to improve the availability and quality of HIV/AIDS-related diagnostics and to address issues around ARV and other OI management drugs availability and consistent drug supplies. Goals and strategies for the coming year As a focus of the FY08 Partnership Framework and in-line with the National Strategic Framework (NSF) for 2009-2013 that is now been finalized, Swaziland PEPFAR will emphasize intensive policy, planning and implementation work with the GKOS and local and international NGO partners on improvement of access to and quality of the CCP, including the specialized service target of pediatric cases. In FY11, USG and its partners will step up their support for the SNAP plans for scale-up and quality improvement of HIV/AIDS related care and treatment services for children. Support will be centered on the further roll-out of Early Infant Diagnosis and increased access to Early Infant Treatment through the implementation of the CCP. 1) USG Partners will continue to work closely with the MOH and other stakeholders, including WHO, UNICEF, Clinton Foundation, and Baylor College, through the TWGs and/or other stakeholder consultations, on the development of policies and technical guidelines in support of a comprehensive pre ART, ART, and end-of-life care package for children. Critical policy issues to be addressed include, but are not limited to, guardian consent for child services, HIV testing of children (see HVCT), decentralization of services, linkages and referrals, and task shifting. 2) PEPFAR will continue to support SNAP in the roll out of the CCP for infants and children, which includes: • Provider-Initiated HIV Testing and Counseling / Early Infant Diagnosis (see HVCT) • Baseline patient assessment • Growth monitoring • Neuro-developmental monitoring • Lab & clinical monitoring (see HLAB) • TB screening (see HVTB) • Provision of prophylaxis with CMX, INH, Fluconazole • Managing common symptoms • Diagnosis and treatment of

OIs • Diagnosis and treatment of malnutrition • ART / Early Infant Treatment • Adherence to care & treatment for child / mother / family • Psychosocial support for child / mother / family • Early Infant Feeding / Nutrition support • Hygiene, water and sanitation support • End-of-life care and support 3) USG partners will continue their implementation support to the existing PMTCT+ services and ART-centers. The emphasis will be on strengthening quality of services and improving outcomes. Support to facilities will include the improvement of various systems including: patient flow, service scheduling, appointment systems, document of patient information, referrals etc. Special attention will be given to the development of a system for adequate referrals from PMTCT+ to mainstream HIV/AIDS care and treatment services. Finally, new interventions will be designed and implemented to address client retention and treatment adherence, such as monitoring of missed appointments and innovative approaches to defaulter tracing. 4) In the context of USG support for the SNAP's decentralization of general HIV/AIDS care and treatment services and the roll-out of the CCP to the primary health care level (see HBHC), special attention will be given to inclusion of facilities and services for children beyond PMTCT. 5) PEPFAR will also build on existing community-based health care structures to further support the continuum of care concept and to increase the involvement of client families (see HBHC). USG implementing partners will identify links with community-based child support groups and will encourage adequate referral of orphans and vulnerable children for HIV testing and/or care and treatment. They will also support infant follow-up services by capitalizing on existing infant programs in the community. 6) PEPFAR and URC in support of the National Tuberculosis Program (NTP) and in concert with SNAP will continue to introduce pediatric ART and pre-ART in to all TB clinics in the country, thereby increasing access and improving TB infection control. 7) USG partners will continue to support the MOH to further develop training curricula and to provide in-service training to key personnel in the PMTCT and ART programs on all aspects of pediatric HIV/AIDS-related care and treatment. Special attention will be given to improving the skills of health workers in pediatric counseling through training and mentorship to improve provider confidence to handle special pediatric issues on consent, disclosure, and adherence, and psychosocial support activities. USG partners will collaborate to explore efficiencies and ways to coordinate different aspects of training in order to minimize the burden on health personnel and their availability for service delivery. In addition, USG will work with tertiary training institutions for health care workers to incorporate pediatric HIV/AIDS-related care and treatment in their training curricula. Working with nursing schools will be the starting point, but this will eventually expand to other health cadre training institutions (see HRH). 8) USG partners will continue to support and facilitate the introduction of fixed-dose drug combinations for pediatric ART, and introduce pharmacovigilance measures to ensure the safe and effective use of ARVs and other medicines used for pediatric HIV/AIDS patients. The training of healthcare workers and on site technical assistance in the identification and reporting of HIV/AIDS medication-related adverse effects in pediatric patients is critical to improving healthcare outcomes in this vulnerable population. 9) USG partners will continue to assist MOH with program guidance for adequate referral mechanisms for post-test support, care, and treatment services for HIV-infected children. (see HVSI, HVCT, OHSS). This work, under the Referrals Working Group, will build on the outcome of the recently completed 'referral assessment' and on previous efforts at establishing 'referral directories', in order to improve the continuum of care. 10) A more comprehensive planning and costing exercise within the MOH around the decentralization of CCP is a priority. PEPFAR with partners will support an initial exercise along these lines in FY10, with a routine needs-based planning/budgeting system developed and institutionalized in subsequent years of the PF. 11) Through MSH, the USG has developed an ART patient management information system, RxSolution-PMS, currently used at the existing ART sites. Besides providing routine site-level data and periodic reports, it allows for better patient management, including the possibility to identify defaulting patients. MSH will ensure that infrastructure, training and mentoring for RxSolution will follow the decentralization of services. The system will be able to also generate child specific data and reports that could be used to make informed care and treatment service improvements, addressing issues of standards of care specifically for children. At a program level, PEPFAR will assist the MOH to put in place data utilization protocols to routinely evaluate pediatric ART outcomes. PEPFAR Swaziland has hired and will have in place a Care and Treatment Program Lead by 2nd quarter FY10.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	2,225,000	
Total Technical Area Planned Funding:	**2,225,000**	**0**

Summary:

Context and Background At 42% in 2008, Swaziland has the highest HIV prevalence rate among pregnant women in the world. As reflected in the 2008 statistics presented below, Swaziland has made commendable progress in PMTCT scale up: Health facilities providing PMTCT services 110 (up from 44 in 2004) Percent of pregnant women testing 78% (up from 15% in 2004) Positive pregnant women receiving ARV for PMTCT >95% Infant ARV coverage 85% Infant coverage with cotrimoxazole 85% PCR by 8 weeks 30% However, there remains a great need to improve the quality, impact and sustainability of the PMTCT program, particularly through optimizing PMTCT as an entry-point into comprehensive HIV prevention, care and treatment services for women. At the national level, the PMTCT program is managed in the SRHU of the Ministry of Health (MOH), to promote integration into Maternal and Child Health (MCH) services. There is a Technical Working Group that brings the PMTCT and Antiretroviral Therapy (ART) programmes together. The ART coordinator sits in the Swaziland National AIDS Programme (SNAP) and is also responsible for paediatric HIV/AIDS. At the regional level, there are reproductive health focal persons but they are not actively involved in PMTCT because they report to the regional matrons and not to the SRHU manager. The shared responsibility of SRHU and SNAP leads to complications in determining oversight of the PMTCT program at national and site level. Under the Partnership Framework, PMTCT partners and the PEPFAR Prevention Technical Lead will become further involved with the government during FY10 to promote better coordination and leadership of PMTCT service delivery across the nation. PEPFAR was a lead partner in introducing PMTCT in Swaziland when service delivery began at three hospitals in 2004 through a family-centered approach pioneered by Columbia University's International Center on AIDS Care and Treatment Program (ICAP) and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). In FY05, EGPAF and ICAP expanded into Mbabane Government Hospital and ten clinics in Manzini region. In FY06, additional core and regional funds helped to provide technical assistance and services in PMTCT, care, and treatment at 12 sites. Further expansion, coordinated with UNICEF and Baylor College through FY09, now has EGPAF supporting PMTCT services at 47 sites. The Clinton Foundation is also a key partner for infant diagnosis and DNA PCR testing and forms close links with EGPAF at the site level. Mothers2Mothers (M2M) adds a depth of quality to PMTCT service delivery at the community level while utilizing innovative approaches to ensure women enter and follow through PMTCT service delivery. Although PEPFAR continues to be a major provider of technical assistance and funding for PMTCT service-delivery in the country, the program has begun to shift its efforts to enabling more sustainable, government led implementation. With COP10, the prevention portfolio for PEPFAR Swaziland enters into its second year of re-focusing on a combination approach as part of the Partnership Framework. Ensuring availability and uptake of PMTCT is an integral part of this strategy. Accomplishments since Last COP EGPAF supports PMTCT service delivery in 47 of the total 137 health facilities across all 4 regions (5 hospitals, 4 health centers, 6 Public Health Unites [PHUs] and 32 clinics). EGPAF supports maternity wards in 9 of 12 public hospitals, catering to more than 85% of facility deliveries in the country. All 47 EGPAF-supported sites provide HIV care services. By 2010, the 6 PHUs will be providing ART services, primarily to HIV-infected women, their spouses, and children. By 2011, EGPAF will expand to ensure that all 137 government facilities are providing high quality PMTCT services. Mothers2Mothers (M2M) became a PEPFAR Swaziland partner in FY09. By July 2009 they were work ing in 33 sites spread across all four regions of the country, improving quality of PMTCT service delivery and ensuring continuance of care for pregnant women. Goals and Strategies The maturity of the Swazi PMTCT program allows a transition to targeted site

support based on declining need. Some sites will need more intensive support to improve performance, while others will continue with basic program monitoring, QI programs and staff development. With the support of PEPFAR and other partners, the GKOS plans to reach 100% of public facilities with comprehensive PMTCT services by 2011. Integrated, comprehensive HIV care & treatment in MCH settings will be promoted as part of this scale up plan. PEPFAR will collaborate with others supporting facilities to provide high quality, comprehensive PMTCT and care & treatment services for pregnant women, mothers, infants, children, and other family members. A key aspect of the scale-up plans is to strengthen the health systems through technical assistance and capacity building to ensure sustainability of services while developing and promoting evidence-based interventions. PMTCT services in Swaziland have rapidly increased in coverage and quality over the last several years with significant support from the USG PEPFAR program. As described in the PF, improving the quality of PMTCT services, transitioning to greater government ownership, and integrating PMTCT into broader MCH and HIV care and treatment programs will continue to be a priority. Despite the increase in uptake of PMTCT services in health care facilities, HIV prevalence among pregnant women remains high and recent evidence shows a high seroconversion rate (5-7%) during pregnancy, indicating that much needs to be done to strengthen the first prong of PMTCT. PEPFAR will work with others in country to strengthen primary prevention within the PMTCT context by supporting the implementation of strategies outlined in the PF. The program will focus on reaching male partners through couples counseling and family interventions at facility and community level. EGPAF's program to strengthen pediatric and adolescent HIV counseling along with psychosocial support for HIV-infected and affected children at facilities and community level will be scaled up to contribute to the national efforts on impact mitigation focusing on OVCs. Funding Issues PEPFAR funded PMTCT services have since 2004 been provided mainly to EGPAF through a USAID central mechanism. This award comes to an end in September 2010, so a new award is being developed to ensure continuity of services. Thus, the largest piece of this program area is left TBD at the time to COP submission to allow for the new award to be issued. EGPAF's approach to building national capacity and sustainability has ensured cost-efficient programming and with the new award we hope that this will continue. The decentralization of the integrated services for HIV prevention, care and treatment in the MCH setting brings all services under one roof, saving costs on separate buildings, staff, and maintenance. EGPAF's sub grant to the MOH has the added value of ensuring long-term ownership and sustainability. As of FY09 the second PEPFAR PMTCT partner is M2M. In order to efficiently and cost effectively manage the increasing number of sites and program activities, M2M has established a site cluster system and this will continue to be implemented. A group of 3-4 sites will form a cluster of sites managed by a single Site Coordinator instead of posting a coordinator at each site. The reorganized site management strategy will develop the skills and capacity of Site Coordinators to manage more than one site. This will also allow the program to service sites with low client flows but in a more cost effective way by having site-based Mentor Mothers supported by Site Coordinators based at high volume referral sites. The program will continue to be located in public health facilities offering PMTCT which will contribute to maintaining manageable infrastructural overhead costs. There are also economies of scale to adding further sites to the Swaziland program because general fixed costs (e.g. in-country management staff salaries) are spread over an increasing number of sites. Therefore, the average fixed cost per site decreases as the program expands.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	1,452,500	
HVOP	1,209,084	
Total Technical Area Planned Funding:	**2,661,584**	**0**

Summary:
The sexual prevention program area for Swaziland is comprised of activities funded under the HVAB and HVOP budget codes. All activities are linked to a comprehensive strategy, combating the generalized epidemic. Several partners receive funding under both budget codes. Context and Background Swaziland has the world's highest HIV prevalence. The 2007 DHS+ indicates that 26% of adults (15-49) are HIV-positive. There are no major differences between rural and urban areas, or among the country's four regions. Given the generalized epidemic, the entire population is considered at risk. The epidemic is driven by multiple, concurrent sexual partnering in an extremely traditional, patriarchal society. The modern trend is to engage in sexual partnerships that lack traditional social sanction (casual partnering, not traditional polygamy). High-level leadership on prevention remains insufficient despite persistent stakeholder efforts. Standardized quality of messages and prevention campaigns has not yet been fully realized. The National Strategic Framework 2009-2013 (NSF) emphasizes the need to reduce multiple concurrent sexual partnering, along with improved access to services for sexually transmitted infections (STIs), post-exposure prophylaxis (PEP), and HIV counseling and testing (HTC), as well as the need to strengthen national capacity to ensure that quality male and female condoms are available, accessible, acceptable, affordable, and used. The sexual prevention pillar of the Swaziland Partnership Framework (PF) mirrors the NSF in calling for expanded prevention programs, including support for a comprehensive ABC approach, with linkages to HTC and care and treatment. All PEPFAR partners working in the area of sexual prevention contribute to and are guided by the NSF and the PF. Consistent condom use continues to be low, especially in regular partnerships. PEPFAR partners distribute condoms at community level, at workplaces and in the military, and are beginning to work with the Ministry of Health (MOH) to promote and distribute condoms part of service delivery. National-level distribution and tracking is problematic, but the UN agencies are working to assist the government with this, particularly UNFPA who works with the MOH Sexual and Reproductive Health Unit (SRHU). After the national condom warehouse burned down during 2009, PEPFAR was able to source an emergency shipment of condoms for the country. Mobile populations, commercial sex workers, men who have sex with men and other most at risk populations (MARPs) in Swaziland have missed out on targeted interventions for HIV prevention. With FY08 PF funds PEPFAR Swaziland will support a MARPs needs assessment. Follow on funds will be used to design pilot programs that can help identify best practices and leverage the support of the government and other donors to draw attention and resources to MARPs. Currently the coordination and leadership for prevention efforts in Swaziland is severely limited, but this is a major emphasis going forward with the PF to ensure that evidence-based, effective prevention activities reach Swazis throughout the Kingdom. With COP10, the prevention portfolio for PEPFAR Swaziland enters into in second year of re-focusing on a combination approach as part of the PF. Increased coordination for sexual prevention activities and overall structural issues will be done in collaboration with biomedical interventions (PMTCT, Blood Safety and Male Circumcision) to decrease the incidence rate of HIV in the general population. Accomplishments since Last COP Prevention partners in Swaziland continue to battle with a lack of leadership at the national level on prevention efforts, but work diligently to manage activities in communities throughout the Kingdom. Between October 08 and March 09, PEPFAR partners managed to reach over 186,000 individuals with AB messages and more than 57,000 with other prevention messages. The messages are being disseminated through one to one discussions, small group discussions, radio broadcasts and community dialogue meetings apart from the mass gathering where messages area also disseminated. Peace Corps Swaziland has continued collaboration with stakeholders at both grassroots and at national level. The collaboration has benefited the work of the volunteer by providing resources in the form of venues, human resources and partnering in carrying out community initiated HIV prevention activities. Goals and Strategies As one of the PF pillars, sexual prevention is seen as a priority within the Swazi PEPFAR program. The overall prevention portfolio is designed as a model of combination prevention efforts. PMTCT, Male Circumcision and Safe Blood biomedical activities are described in their own sections. The HVAB and HVOP activities tackle the structural and behavioral components of this strategy. Structural concerns for prevention are very pressing in Swaziland. There is no national HIV prevention policy, and the social and behavioral

communications change policy has been in development for nearly two years. GKOS leadership is severely lacking for prevention and as a result many SBCC campaigns are poorly coordinated and mass media campaigns either do not reach people throughout the country or are done in ways in which impact is not assured. With PF08, 09 and COP10 funds the prevention activities will seek to address these deficits by supporting prevention trainings for key GKOS leaders, supporting the re-establishment of a national prevention TWG, finalizing and implementing the SBCC strategy and developing a national HIV prevention policy. Behavioral change activities must be designed with evidence based results, be well coordinated and disseminated, targeted to reach all populations, and ensure that youth and MARPS will be targets for increased support. A new prevention award will be issued this year to address these priorities. While full collaboration with UN agencies on HIV prevention activities has not yet been achieved, the PEPFAR team will continue to engage with them in the hope that national efforts can be better coordinated and enhanced. Within the organogram for the Swazi PEPFAR team there is a Prevention Advisor, a DOD specialist and a Prevention Specialist who oversee the prevention portfolio. The prevention specialist is yet to be hired, and the DOD specialist's time on prevention activities is only part of his job. For an upcoming robust portfolio this is a significant work load to manage but it is hoped that with the hiring of the prevention specialist adequate partner management will take place.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	1,627,923	
Total Technical Area Planned Funding:	**1,627,923**	**0**

Summary:

Context and background Improving Strategic Information (SI) capacity and supporting the delivery of key information products are strongly emphasized in the National Strategic Framework (NSF) for HIV/AIDS (2009-2013) and provide a foundation for the five pillars of the Partnership Framework (PF). While some progress has been made over the last year in implementation of both routine and periodic data collection and use activities, much remains to be done and M&E capacity remains very limited in the country. The development and maintenance of an evidence base for public health program planning and policy development are mentioned frequently in national forums, but the institutional culture around its practice remains rudimentary and advocacy for adequate resource allocation episodic at best. In 2006, NERCHA launched the Swaziland HIV/AIDS Program Monitoring System (SHAPMoS). SHAPMoS is a major element of the overall national "M&E Roadmap," and has health sector and non health sector components. In the past year, the M&E unit at NERCHA has lost key staff persons and completeness of reports has suffered due to inadequate supervision and follow-up. SHAPMoS depends for more than one-half of its source data on the MOH MIS. PEPFAR Swaziland is the main bilateral donor actively supporting SI-related activities in Swaziland and has, since 2005, partnered with UNAIDS, WHO, UNICEF and the World Bank's Global AIDS M&E Team (GAMET) to provide technical assistance, planning and implementation support to the SI/M&E units at NERCHA and MOH. Accomplishments since last COP: With the assistance of PEPFAR Swaziland and others, the MOH has in the last year improved its output of credible information products, principally timely quarterly HIV service statistical reports and surveillance bulletins. In FY 2009, a Strategic Information Department was created in the MOH with HMIS, Program M&E, and Epidemiology units. The Department, supported by PEPFAR and partner Enhancing Strategic Information (ESI/John Snow Inc) plans over the course of the GKOS-PEPFAR Partnership Framework to fully integrate HIV/AIDS SI activities into the broader health sector SI structure. Computer networks have been developed to move information among MOH program offices and among central HMIS offices, regional (district) HMIS offices and the large ARV service sites. Data tabulation is now automated; but data quality auditing and more in-depth analysis of the data are not yet routinized. The following

summarizes the current status of national SI within PEPFAR SI focus areas: M&E Capacity Building. A new PEPFAR SI partner came on the scene at the end of the second quarter FY09. Despite its delayed startup, Enhancing Strategic Information (ESI) is now showing great promise as a supportive partner to the MOH in particular with capacity building workshops and trainings focused on developing “Practical linkages amongst M&E, Planning, and Project Design”. The focus of capacity building activities will be on the regional SI offices. Sentinel HIV Surveillance. Antenatal clinic-based HIV sentinel surveillance has been supported financially by the MOH with WHO technical assistance. PEPFAR staff has provided limited assistance (data analysis) but are challenged to provide more support due to existing MOH methods that contravene accepted international standards concerning extra blood collection at ANC sites. The 2008 ANC round was completed and the final report published in early 2009, showing prevalence in this sentinel population had risen to 42 percent. A HIV sero- and behavioral surveillance survey was conducted in the Swazi Military during FY09. Data are being processed in the U.S.; a preliminary report will be available in FY10. Population-based Surveys. National survey planning in Swaziland is poorly coordinated and often not based on clearly articulated data needs. PEPFAR is suppor ting a national process to rationalize HIV-related survey conduct. At present, the following surveys are planned: • Multi-indicator Cluster (MICS) Survey (2009) which will produce information on a selected set of sexual behavior and service use indicators among youth, • Quality of Impact Mitigation Services (QIMS) Survey (2009) which will produce information on the use and perceived quality of a set of 22 community-based HIV- impact mitigation related services, • AIDS Indicator Survey (2010 or 2011), which will produce information on a series of internationally/nationally recognized priority HIV/AIDS indicators. Service Availability Surveys. A Service Availability Mapping (SAM) survey was implemented in FY08/9 with financial support through Global Fund and technical inputs from the WHO and PEPFAR. The final report was issued in August 2009 showing serious deficits in human resources and infrastructure that threaten to encumber service decentralization plans. The MOH, with PEPFAR assistance plans to conduct a site-level essential drugs availability survey in FY10. Health Management Information Systems. The National TB Control Program (NTP), supported by PEPFAR staff and URC/HCI, has made good progress to integrate key HIV/AIDS data (e.g. HIV Testing and Counseling) into the TB registers, computerize the system (ETR.net)), and improve data flow between regional and national levels. There has been a delay in the update of the ETR.net system to include new HIV/TB integration variables, which is currently being rectified. The MOH Human Resource Information System (HRIS) is supported by PEPFAR through the Southern Africa Human Capacity Development (SAHCD) Coalition. Use of HRIS Workforce data at the regional level has been improved during FY09, at both central and regional levels. A prototype data base for internal PEPFAR use has been developed in FY 2009 and piloted with 2 PEPFAR partners. Other data utilization activities. HIV Estimates and Projections Project (using EPP and SPECTRUM) for Swaziland was repeated at a regional level with UNAIDS support. The findings of that exercise will be released shortly. Goals and strategies for the coming year: PEPFAR Swaziland will continue to play a leading assistance role in building M&E, surveillance, and HMIS systems. The following activities and expected results are planned using FY10 funds: 1) The PEPFAR programmatic database will completed and rolled out to partners, and institutionalized within the PEPFAR team for routinized portfolio, COP development and periodic reporting to National stakeholders, USG agencies and OGAC. ESI will work with PEPFAR Swaziland to establish an internal data quality assurance system. 2) Enhancing Strategic Information (ESI) Project support the establishment of a system within the MOH to track data quality elements of the HMIS and provide technical assistance for in-depth data analysis of program and survey data. 3) MEASURE DHS+ and PEPFAR staff will provide technical assistance and USG will provide local costs for the design and early sampling/listing activities related to the 2010/11 Swaziland AIDS Indicator Survey (AIS), in collaboration with the Central Statistical Office (CSO) and the MOH. This activity has been postponed for a few months due to competing demands of the Central Statistical Office (CSO). PEPFAR will also assist the MOH in developing a information needs based survey and surveillance data collection and utilization plan. 4) PEPFAR will, with WHO, UNAIDS and others, support the MOH/SNAP, in the design and implementation of epidemiologic and demographic data use activities to strengthen epidemic tracking, program monitoring, and impact analysis. This support will be implemented in the context of a PEPFAR-MOH cooperative agreement, in turn an important element of

the PF. 5) PEPFAR SI staff and ESI will provide direct technical assistance and mentoring to the NERCHA- and MO H-sponsored HIV/AIDS M&E Technical Working Group. 6) ESI will support training and mentoring for improved data collection and data utilization methods for NERCHA's multi-sectoral SHAPMoS. By doing so, the USG also strengthens the program monitoring system for Global Fund reporting, nested within SHAPMoS. A collaborative agreement with the World Bank's Global AIDS M&E Team (GAMET) is being developed towards these ends. 7) DOD and partners will provide technical assistance to support analysis of HIV surveillance survey data in the Swazi military population. 8) Local HTC partner (PSI) and PMTCT partner (EGPAF) will increase their support to capacity building in HTC- and PMTCT-related M&E at the MOH/SNAP unit to develop high quality information products to monitor and improve programs. 9) PACT, ESI and the USG staff will develop and maintain simple methods for PEPFAR program monitoring, reporting, and planning purposes. Additionally they will provide training workshops and ongoing support to the USG partners in PEPFAR strategic information to monitor and improve programs. ESI and the USG SI Liaison will focus on prime partners (including PACT). PACT, in turn, will focus on its sub-grantees. (This activity was delayed from last year due to late arrival on scene of ESI) 10) PEPFAR will continue to provide technical assistance for training and support to ETR.net, the national electronic TB register, and through URC/HCI, overall support to the improvement and integration of National TB/HIV program data. This PEPFAR intervention will continue to bolster the NTP and leverage a continuance of Global Fund resources. 11) The Southern Africa Human Capacity Development (SAHCD) Coalition will continue to support for the Human Resource Information System (HRIS) and will build the capacity of MOH and HIV/AIDS implementing organizations to maintain and use data for decision-making for HR policy formulation and management decisions (see HSS). 12) ICAP and MSH will provide continued support at a national level and at facilities to strengthen M&E systems that monitor ART program progress, supporting improvements in the management of clinics and of patients. (See ARV Services) 13) As part of the overall decentralization of CCP services, PEPFAR Swaziland will support appropriate information technology to primary health care unit level. 14) This COP requests funds to support an epidemiologist/statistician, who will work part-time from PEPFAR offices on management of some PEPFAR SI objectives and part-time with the MOH on projects to be written into the USG-MOH cooperative agreement which began on 30 September 2009. In FY10, this technical area will be supported by a one FTE SI advisor (at 25% time); one LES program assistant (at 20 %); and one LES Epidemiologist (at 100%).

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	968,400	
Total Technical Area Planned Funding:	**968,400**	**0**

Summary:

Context and background: According to the World Health Organization (WHO), Swaziland has the highest incidence of tuberculosis (TB) in the world. In 2007, the TB notification rate was 1,155 cases per 100,000 populations. Approximately 80% of TB cases are estimated to be HIV-positive. Diagnostic services for TB are improving, but less than 60% of cases successfully complete a full course of anti-TB treatment. Nationally, the overall case detection rate is estimated to be as low as 58% and the treatment success rate is 43%; both are well below the WHO targets of 70% and 85%, respectively. Efforts to improve these numbers are underway. Currently, 67% of TB cases and 10% of suspected TB cases are tested for HIV, and additional efforts are made to test family members. Ninety-three percent of HIV-positive TB patients now receive cotrimoxozole (CMX) preventive therapy. With Swaziland's extraordinary HIV and TB prevalence rates, there is potential for widespread outbreaks of multi-drug-resistant (MDR) and extensive-drug-resistant (XDR) TB similar to outbreaks in South Africa, Russia, and parts of Eastern Europe. As of

March 2009, 100 cases of MDR-TB were reported in Swaziland. It is likely XDR-TB has spread into Swaziland, but has not been diagnosed because of a lack of laboratory facilities. WHO and the International Union against TB and Lung Disease (IUATLD) recommend countries closely monitor anti-TB drug resistance, either through ongoing surveillance or periodic surveys. In Swaziland, however, the laboratory capacity for TB culture and drug susceptibility testing remains inadequate (see HLAB). Accomplishments since last COP: PEPFAR has provided assistance to the development of MDR- and XDR-TB management guidelines, case recording, and laboratory surveillance. In addition, PEPFAR has leveraged with WHO for a joint high-level program review, and technical assistance, to assist Swaziland in working toward meeting the requirements to apply for assistance of the Green Light Committee for the procurement of cheap and quality-assured second-line TB drugs. PEPFAR has strengthened the National Tuberculosis Program (NTP)'s basic operations, management and organization. In addition, PEPFAR helped the MOH to finalize a five-year National Strategic Plan for TB Control and National TB Program Guidelines. PEPFAR support included extensive training of public- and private-sector personnel at all levels on basic TB program operations. PEPFAR made considerable contributions to the strengthening of TB diagnosis through sputum smear microscopy (see HLAB), and supported the NTP with the estimation of TB drug needs, rational drug procurement, and supply chain management for drugs and other commodities (see HTXD). PEPFAR continues to play a pivotal role in the integration of TB and HIV services, and has facilitated the establishment of a TB/HIV Technical Working Group (jointly chaired by NTP and SNAP) and the development of a TB/HIV Policy document. PEPFAR has been successful at supporting HIV counseling and testing services for TB patients and suspects, through training and mentoring of all TB clinic personnel (see HVCT). PEPFAR has also supported the implementation of cotrimoxozole (CMX) preventive therapy for HIV-positive TB patients, and has also supported the development of draft guidelines for TB infection prevention and control, implementation of which is lacking. In FY09, there were 20 TB diagnostic units providing TB services to HIV-infected individuals. In FY10 two HIV care clinics will be accredited to provide TB services including treatment. In FY09, TB screening was initiated in 5 ART sites after being successfully piloted in 3 sites. In FY10 TB screening will be scaled up to 10 ART sites screening 15,000 HIV-positive patients and 25,000 in FY11. Based on the 2008 numbers for the Swaziland NTP, it is assumed the number of TB cases will be the same (9600) and HIV prevalence among TB cas es will remain at 80%. The total number of TB patients co-infected with HIV will be 6,603 new patients and 1,121 re-treatment cases expected in FY09. An 80% uptake for HTC among TB patients is assumed, and on that basis, the number of TB patients who will take an HIV test will be 7,724. This will translate into 6,842 TB patients testing positive for HIV positive and therefore eligible for TB/HIV co-management. In FY10, URC is expected to reach 90% (6,220) and in FY11, 97% (6,842). Isoniazid preventive therapy is a new activity so with scaling up of TB screening, it is expected that of the 3,610 HIV-positive patients that will be screened, about 40% (1,444) will be positive for TB. Of those patients who screen negative for TB the target is to enroll 70% (1,500) on isoniazid preventive therapy Goals and Strategies for the coming year: The approaches summarized below are in line with the stated goals of the recently signed Partnership Framework on HIV and AIDS 2009-2013 between the USG and Swaziland and the National Strategic Framework on HIV/AIDS 2009-2014. In FY10, PEPFAR will continue to support the NTP with programmatic and managerial improvements, including building lab capacity and quality assurance, strengthening drug tracking and drug supply management, and monitoring and evaluation support. Most of the support, however, will focus on specific TB/HIV collaborative activities. PEPFAR will continue to work with the NTP, SNAP, and the ART Program to ensure the implementation of TB/HIV collaborative activities through the decentralization of a comprehensive care package (CCP). URC and other PEPFAR Care & Treatment partners will continue to support the TB/HIV working groups at national, regional and health facility level to ensure their effective functioning, leading to the actual implementation of integrated TB/HIV activities. PEPFAR will continue to train and support health facility staff in the use of data collection and analysis tools, including the 'Electronic TB Register,' and the utilization of data for improving their services. PEPFAR will also assist the NTP with the implementation of a nation-wide anti-TB drug resistance survey and the consequent development of an information management system for the routine utilization of TB drug susceptibility test data (see HVSI). The National TB Hospital was opened in FY09, although it became clear afterwards that

the building was not designed to properly restrict TB transmission. Negotiations in the context the GKOS-PEPFAR Partnership Framework will explore PEPFAR support to and collaboration with the MOH to improve the hospital's ventilation system and patient isolation guidelines. TB in the workplace is a major challenge, and often related to HIV. Employees with TB frequently miss considerable amounts of work, which negatively impacts livelihood and productivity. Issues of TB transmission in the workplace are also important. Several PEPFAR partners already conduct workplace programs on HIV/AIDS. They will start updating their education and training programs and integrate TB information, TB screening and TB treatment support in the workplace.

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7394	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	500,000
7397	Program for Appropriate Technology in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	180,000
7398	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	818,400
7404	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	500,000
10145	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	300,000
10152	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	1,550,000
10157	Pact, Inc.	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	3,246,016
10158	Population	NGO	U.S. Department	GHCS (State)	1,083,000

	Services International		of Health and Human Services/Centers for Disease Control and Prevention		
10244	Safe Blood for Africa Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	125,000
10247	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	5,000,000
10621	International Labor Organization	Multi-lateral Agency	U.S. Department of Labor	GHCS (State)	280,000
10623	University Research Corporation, LLC	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	530,000
10694	Ministry of Health and Social Welfare, Swaziland	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	600,000

			Prevention		
10695	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	160,000
10701	Futures Group, South Africa	Private Contractor	U.S. Agency for International Development	GHCS (State)	200,000
10703	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (USAID)	1,000,000
10822	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	220,000
10992	Macro International	Private Contractor	U.S. Agency for International Development	GHCS (State)	200,000
11673	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	438,000
11680	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	119,600
11801	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (USAID)	480,000
12182	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease	Redacted	Redacted

			Control and Prevention		
12183	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12184	University Research Corporation, LLC	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
12185	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12186	JHU/Project Search	Implementing Agency	U.S. Agency for International Development	GHCS (State)	50,000
12187	Johns Hopkins University	University	U.S. Agency for International Development	GHCS (State)	350,000
12188	United Nations Children's Fund	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	450,000
12189	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12190	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12191	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12559	Partnership for Supply Chain	Private Contractor	U.S. Agency for International	GHCS (State)	28,608

	Management		Development		

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7394	**Mechanism Name: Enhance Strategic Information**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Enhancing Strategic Information (ESI) Project will provide a broad program of technical assistance (TA) and other targeted project support to improve the quality, availability and use of Strategic Information (SI) in Swaziland. The SI activity will contribute to strengthening programs, improving accountability and reporting, and sharing information among national stakeholders, including PEPFAR program partners.

The ESI project was awarded at the regional level in mid-2008, but was not established in country until March 2009. The ESI project, managed by John Snow Inc. as prime along with its partners Khulisa Management Services, Health Information Systems Program (HISP) and Tulane University School of Health and Tropical Medicine, aims to strengthen M&E capacity of the SI department in the MOH in the area of M&E planning, data management, data quality, data usage, and basic evaluation techniques through close collaboration and sustained technical support.

The specific goals and objectives of this activity are:

1. Strengthening M&E Capacity

ESI will continue to strengthen the capacity and infrastructure to supply M&E information at national,

regional, NGO and health facility levels through short-term training workshops. The implementation of short-term trainings – both in terms of participants and topical areas – will be guided by the health-sector M&E capacity building needs assessment that was undertaken by MEASURE Evaluation at the request of the SNAP M&E Unit. The training workshops will focus on building capacity in M&E at the regional level and will involve three major areas of support: 1) strengthening current M&E systems; 2) data management systems and 3) data analysis and use. TA under the three SI technical areas will focus on facilitating participants' application of newly acquired M&E skills on the job. ESI proposes to achieve this goal through the development of innovative trainee follow-up mechanisms and the provision of individual mentoring and skills transfer in the workplace.

2. Strengthening Data Quality
Considerable effort will be applied to ensure the current data sets and database in the MOH SI unit meet mutually agreed quality criteria with aim of making these data widely analysed, consulted and quoted in planning, program steering and decision making. See specific strategies under the HVSI budget code.

3. Strengthening the capacity and infrastructure to use information for program improvement
The capacity to 'use' M&E information requires both a clarity of expectations in relation to where and how M&E information is intended to be used within the MOH (e.g. planning, policy or program development; decision-making; budgeting), as well as the capacity within MOH units to actually incorporate and use the M&E information as part of the normal process of business. ESI hopes to achieve this by entrenching a culture of self-evaluation and a commitment to program improvement in all three SI technical areas, largely through targeted training linked to sustained TA.

4. Strengthening Decision Support at PEPFAR Offices
In FY09, ESI provided support to the PEPFAR SI unit in strengthening decision support through the installation of the Project Monitoring System (PMS). In FY10, support from ESI in South Africa will continue to be provided in updating the PMS to accommodate the PEPFAR second generation indicator set as well as supporting the rollout of the PMS to PEPFAR implementing partners. At the request of the RHAP in Pretoria, ESI provided support in installing an accounting database for PEPFAR offices in Swaziland. Support for this software will continue to be provided in FY10 as more updates and customization requests arise to meet the specific needs of the Swaziland PEPFAR office. ESI Swaziland will provide overall monitoring of the quality of TA offered to the PEPFAR offices in Swaziland.

5. Assist national M&E bodies in the rational planning and implementation of data collection activities
In FY09, ESI provided support to NERCHA and other stakeholder bodies in the revision of the national M&E framework and its harmonization with the NSF result framework. ESI will continue to provide assistance as needed to ensure the foundations of national M&E coordination (the third of the three ones)

are sustained, and that national survey and surveillance activities are driven by genuine data needs and not donor funding.

6. Sharing of emerging M&E practices
While the focus of the ESI project is on M&E workplace training and mentoring, occasionally capacity building objectives require use of regionalized training, study tours, and conferences/workshops which allow sharing of promising approaches to enhanced M&E from other countries. These selected opportunities are developed in consultation with the PEPFAR Swaziland SI Lead.

The ESI program links to the Partnership Framework by addressing the key intervention area of development of human and institutional capacity to manage strategic information for program improvement. The program provides human resource training and technical assistance to the MOH and other HIV/AIDS program implementers on M&E, data quality, data demand and data utilization. The program will not introduce new SI structures, infrastructures and systems, but intends to strengthen existing ones in a consultative manner in order to create local ownership, support and sustainability.

The program will build sustainable systems at nation level and in the four regions of the country. It is targeted to all HIV/AIDS program implementing partners in the country.

The ESI project adopts a simplified rating mechanism to assess the performance of the project and to provide an overall picture of performance. ESI's performance rating mechanism is yet to be negotiated with MOH to ensure a clear understanding of expectations around performance. Currently, the project proposes a three-part rating mechanism of results that have been achieved, those that are in progress and those not achieved. Overall performance measurement will constitute systematic analysis of performance against goals taking account of reasons behind under/over performance and influencing factors to ensure the project is kept on track.

Several M&E tools are proposed for this activity. They are theMonthly technical report, Annual Performance Report and Quarterly Performance Dashboards for reporting and analysis, Field Visits, Program Review Meetings and Joint Stakeholder Review for validation purposes.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7394**
Mechanism Name:	**Enhance Strategic Information**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	500,000	

Narrative:

ESI will build the capacity of the MOH and other national and sub-national implementing partners, principally through: targeted trainings, outsourcing of selected M&E functions (to address crucial short-term system needs) and sustained TA at an SI implementation level.

1. Strengthening M&E Capacity
Recognizing the strong foundation that the first-generation M&E training workshops established, ESI plans to implement a second generation training workshop series called "M&E Training: Moving from concepts to practice". This phased series of hands-on workshops (M&E Systems Development, Data Quality and Data Demand & Use) will be conducted at national and regional levels.

2. Strengthening Data Quality
With the decentralization of an HIV/AIDS/TB comprehensive care package, planning and M&E will be focused on regional health sector and multi-sectoral HIV/AIDS/TB management units. The credibility of the planning and assessment process depends heavily on the quality of the data support to decision-making and ultimately to program performance. The ESI approach includes but is not limited to:
• Reviewing and strengthening the quality assurance standards and procedures regarding data management and use.
• Developing, piloting, and instituting data quality standards and procedures at national and regional SI units in the MOH for use in project consultations and routine M&E of HIV/AIDS programs and decision making.

3. Strengthening the human resource capacity and infrastructure to use Strategic Information
TA for strengthening information use will involve several strategies including the development of formal policies or requirements on how performance monitoring & evaluation information gets 'used' by units

within MOH, establishing institutional 'incentives' for using M&E information in decision-making and strengthening formal and informal vehicles/mechanisms/forums for reporting and otherwise sharing information products. To further build analytic capacity in the interim, ESI will work with MOH SI unit to leverage analytic expertise from targeted (regional and national) institutions that have established analytic expertise including research bodies, consulting firms and universities. To address longer-term needs in FY10, one professional will be supported by ESI to attend a Master's level course in public health-related M&E, with a focus on biostatistics or epidemiology.

4. Strengthening Decision Support at PEPFAR Offices
In FY10, ESI will provide support to the PEPFAR SI unit in strengthening decision support through the installation of the Project Monitoring System (PMS). In FY10, support from ESI in South Africa will continue to be provided in updating the PMS to accommodate the PEPFAR second generation indicator set as well as supporting the rollout of the PMS to PEPFAR implementing partners. At the request of the RHAP in Pretoria, ESI provided support in installing an accounting database for PEPFAR offices in Swaziland. Support for this software will continue to be provided in FY10 as more updates and customization requests arise to meet the specific needs of the Swaziland PEPFAR office. ESI Swaziland will provide overall monitoring of the quality of TA offered to the PEPFAR offices in Swaziland.

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6. Sharing of emerging M&E practices
While the focus of the ESI project is on M&E workplace training and mentoring, occasionally capacity building objectives require use of regionalized training, study tours, and conferences/workshops which allow sharing of promising M&E approaches developed in other settings. These selected opportunities will be developed in consultation with the PEPFAR Swaziland SI Lead.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7397	Mechanism Name: TB/HIV activities

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 180,000	
Funding Source	**Funding Amount**
GHCS (State)	180,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goals and objectives of this project are to:

• Assess TB infection control practices and make recommendations for improvement in selected facilities and laboratories.
• Review current infection control guidelines in the context of TB/HIV to ensure they are responsive to the current evidence base and assist in the development of updated guidelines.
• Provide broad infection control training for different cadres of health care workers as well as a more advanced course for key personnel; and
• Provide technical assistance in the selection of equipment and services for limited infrastructure changes.

These goals directly contribute to the care and treatment thematic area of Swaziland's National Strategic Framework on HIV/AIDS and the care and treatment pillar of the Partnership Framework.

This program is national in geographic scope and inclusive of all TB healthcare facilities and laboratories in the country.

The program will become more cost efficient as the recently completed infection prevention and control (IPC) assessment is utilized and basic IPC course materials are implemented. Assessment Team members will continue build and share a knowledge store of best practices when conducting facility assessments in the future.

TB control is a cross-cutting key issue of this activity because it addresses TB infection prevention and control.

The M&E component of this activity focuses on periodic assessment of IPC in health facilities and use of that data for program improvement.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**7397**		
Mechanism Name:	**TB/HIV activities**		
Prime Partner Name:	**Program for Appropriate Technology in Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	180,000	

Narrative:

PATH's activities contribute to the National Strategic Framework on HIV and AIDS 2009-2014 as well as the National TB Program. PATH is the sole partner focused on infection prevention and control, thereby complementing the TB/HIV and care and treatment activities of other PEPFAR partners.

Technical assistance and training that started in 2009 will continue to assess current IPC practices and training needs at the identified facilities, train health care workers in basic IPC, and develop a cadre of trainers who are able to provide ongoing training and technical support to their peers.

During the year, 80 additional health care workers will attend the Basic IPC course. These sessions will be led by health care workers who attended the previous year's "train the trainers" course with the

support of an IPC expert from Stellenbosch University. A workshop to support roll-out of the National IPC Guidelines will be conducted for members of a national IPC sub-committee. One or two representatives from Swaziland will be supported to attend regional IPC meetings as part of the Infection Prevention and Control Africa Network. Follow-up assessments will be conducted at all 16 facilities to determine further assistance and training needs, especially in the areas. Support will also be provided as needed in planning for infrastructure upgrades, IPC equipment selection, and policy review.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7398	**Mechanism Name: TB/HIV new award (IQC/HCI)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 818,400	
Funding Source	**Funding Amount**
GHCS (State)	818,400

Sub Partner Name(s)

(No data provided.)

Overview Narrative

URC is an implementing partner for PEPFAR Swaziland in three separate but complementary areas, HVTB, HLAB and HVCT. The HLAB component undertakes broad based efforts to build laboratory capacity in support of health systems strengthening and decentralization. The HVCT component focuses on expanding provider-initiated HTC to increase the percentage of the population that knows their HIV status. The HVTB component (HCI) supports Partnership Framework efforts to improve the management of TB/HIV co-infection and to facilitate the roll out of a comprehensive HIV-related care package. This

component is described more fully below.

The Health Care Improvement (HCI) project will help Swaziland expand coverage of TB, TB/HIV and MDR-TB services; make services meet the needs of underserved populations; improve efficiency and reduce the costs; and improve health worker capacity, motivation, and retention. HCI is working with the National TB Program (NTP) and the Swaziland National AIDS Programme (SNAP) to apply lessons from HIV/AIDS and TB quality improvement (QI) activities in developing integrated service delivery models for health facilities and providers.
URC assisted the NTP to update TB treatment guidelines, supported clinical training in TB-HIV co-infections, and developed programmatic and clinical MDR-TB guidelines.

The overall HCI goal is to reduce the number of TB and HIV deaths by increasing TB detection and treatment, as well as addressing MDR-TB and TB/HIV co-infections. The objectives are to:
• increase TB enrollment and treatment by decentralizing services to PHC clinics and expanding links between communities and those facilities;
• increase the quality of services through integration of TB and HIV services at national, regional, facility and community levels;
• increase the quality of adult and pediatric HIV treatment and ARV services for TB patients by introducing ART into TB clinics;
• strengthen programmatic and clinical MDR-TB case management;
• strengthen the capacity of NTP and SNAP to lead and manage scale-up of adequate HIV/TB care and treatment services, and;
• institutionalize modern QI approaches as an integral part of health care.

The objectives of the HCI project are aligned with the Partnership Framework 2009-2013 to ensure increased:
• national capacity to lead and manage roll-out of HIV and TB care and treatment;
• TB treatment enrollment and success, and the number receiving ART services;
• numbers of HIV-infected people receiving a comprehensive care package, and;
• numbers of adults who know their HIV status.

The HCI project will work across Swaziland to support 22 diagnostic units and 79 clinics. HCI will work with the following populations: people at risk for TB and HIV, people living with HIV, pediatric TB and HIV patients, members of the military and armed services, inmates and prison service members in 4 main prisons, and employees of large-scale corporate organizations.
URC uses QI approaches to strengthen health systems. QI is based on four principles: 1) understanding and focusing on client needs, 2) understanding how processes of care function within the system, 3)

using data to measure results, and 4) engaging teams of health providers in improvement. The emphasis on systems is central to QI and cost efficiency over time, since poorly designed systems generate inefficiency and waste, and poor health care quality and outcomes.

HCI has a full-time monitoring and evaluation (M&E) officer to support TB/HIV M&E activities. The M&E officer works with national systems to collect, analyze and disseminate data from facilities to partners. The M&E and TB/HIV officers provide direct technical assistance to assure quality data reporting.

HCI will encourage cost-effectiveness by introducing tools and building partner capacities to streamline services and policies in the TB/HIV programs. HCI will explore appropriate public/private partnerships to reduce the burden on public health facilities and will assist in minor repairs and infrastructure improvements to enhance service delivery. HCI will work with other URC programs in Swaziland to pool resources for supervision, procurement and logistics support to health facilities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	30,000
Human Resources for Health	45,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Military Population
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**7398**
Mechanism Name:	**TB/HIV new award (IQC/HCI)**
Prime Partner Name:	**University Research Corporation, LLC**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	35,000	

Narrative:

Increase the number of HIV infected adults receiving adult HIV/AIDS care and support
• Provide TA and support for provision of cotrimoxazole preventive therapy for TB/HIV co-infected adults: HCI will work with SNAP, NTP and ICAP to finalize the CCP and conduct trainings for health care workers (HCWs) from TB diagnostic units on HIV management and cotrimoxazole prophylaxis, and HCWs from HIV care settings on diagnosis and management of TB. HCI will assist with provisioning of cotrimoxazole in all TB diagnostic sites.

• Provide TA and support for TB screening for Intensified Case Finding at HIV care settings: HCI developed and validated a TB screening tool which has been adopted by the National TB/HIV Coordinating Committee. HCI will work with SNAP and NTP in implementation of TB screening using the validated TB screening tool in HIV care settings, OPD, ANC and MCH clinics. HCI will also provide TA and support in development and printing of job aides for ICF, IPT and TB screening tool.

• Provide training and on-site mentoring for implementation of the 3Is: HCI will conduct training and refresher courses to HCWs from HIV care settings and TB clinics on the 3Is and working with SNAP and NTP will conduct supervision and mentoring on implementation of the 3Is.

Provide TA support for provision of Isoniazid preventive therapy for HIV infected adults: HCI will work with SNAP and NTP to scale up provision and implementation of Isoniazid Preventive Therapy for treatment of latent TB infection among HIV-positive people to prevent development of active TB in HIV care settings. HCI will assist in provisioning of Isoniazid in HIV care settings.

HVTX
OBJECTIVE: Increase quality Adult HIV and AIDS Treatment/ARV Services for TB patients by introducing ART in TB clinics.
The Stop TB Department at the WHO has emphasized the urgent need to make ART available to HIV infected patients with TB worldwide. In Swaziland it is estimated that about 80% of all TB patients are infected with HIV. Hence, HIV testing is a critical first step to the integration of antiretroviral therapy into TB services. It is estimated that about 8,000 of the 10,000 TB patients diagnosed in Swaziland in 2007 were HIV positive. Integration of ART in the medical care of TB-HIV co-infected patients in Swaziland would result in an additional 4,000 TB patients being initiated on ART resulting in about 400 deaths being averted each year.

• Recruit and deploy staff to provide TA and clinical management for HIV and AIDS treatment in TB clinics: The HCI project will support the MOH initiatives for implementation of ART provision in TB clinical

care settings in order to save lives through a patient-centered approach to management of TB/HIV co-infections. HCI will provide direct technical assistance in monitoring the proportion of TB-HIV co-infected patients receiving combined TB and HIV treatment and outcomes after a course TB treatment. HCI will systematically support CD4 testing for all TB patients testing HIV-positive and those who eligible for ART and initiated on ART within TB clinical settings. In order to scale up provision of ART in TB clinics, HCI will recruit Medical Officers to provide clinical and programmatic and clinical support.

• Provide training & on-site implementation support for scale up of ART provision in TB clinics: In the previous year, HCI supported initiation of ART in 5 facilities. In FY10, HCI will scale up the provision of ART in TB clinics from 5 to 10 sites and continue working with the NTP, SNAP and NRL to strengthen the performance of CD4 count tests for all co-infected TB patients in order to facilitate early identification of TB patients eligible for ART.

• Provide TA and implementation support for community-based support program for TB and ART medication adherence: HCI will work with the NTP, SNAP, CBOs and FBOs to provide treatment support for co-infected TB patients on both TB and ARV treatment through training and ongoing support supervision, as well contract community support groups to conduct education, patient tracking and follow-up. Approaches for combined support for TB and ARV treatment piloted in Dvokolwako HC also will be scaled up.

• Provide training in Integrated Management of Adult and Adolescent Infections: HCI will assist the TB clinics to prepare and implement ART initiation and follow-up in TB care settings for eligible TB/HIV co-infected persons, and work with SNAP to conduct trainings for nurses on IMAI, adherence and support, and ARV recording and reporting.

• Provide (infrastructure) resources for TB and ART activities in TB clinical settings: In FY 09, HCI procured prefabricated consultation space for three health facilities to address space shortage, which was one of the main constraints in the provision of integrated TB/HIV services. In FY 10, more TB clinics will be supported with infrastructure modifications and furniture

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	30,000	

Narrative:

OBJECTIVE: Increase quality Adult HIV and AIDS Treatment/ARV Services for TB patients by introducing ART in TB clinics.
The Stop TB Department at the WHO has emphasized the urgent need to make ART available to HIV

infected patients with TB worldwide. In Swaziland it is estimated that about 80% of all TB patients are infected with HIV. Hence, HIV testing is a critical first step to the integration of antiretroviral therapy into TB services. It is estimated that about 8,000 of the 10,000 TB patients diagnosed in Swaziland in 2007 were HIV positive. Integration of ART in the medical care of TB-HIV co-infected patients in Swaziland would result in an additional 4,000 TB patients being initiated on ART resulting in about 400 deaths being averted each year.

• Recruit and deploy staff to provide TA and clinical management for HIV and AIDS treatment in TB clinics: The HCI project will support the MOH initiatives for implementation of ART provision in TB clinical care settings in order to save lives through a patient-centered approach to management of TB/HIV co-infections. HCI will provide direct technical assistance in monitoring the proportion of TB-HIV co-infected patients receiving combined TB and HIV treatment and outcomes after a course TB treatment. HCI will systematically support CD4 testing for all TB patients testing HIV-positive and those who eligible for ART and initiated on ART within TB clinical settings. In order to scale up provision of ART in TB clinics, HCI will recruit Medical Officers to provide clinical and programmatic and clinical support.

• Provide training & on-site implementation support for scale up of ART provision in TB clinics: In the previous year, HCI supported initiation of ART in 5 facilities. In FY10, HCI will scale up the provision of ART in TB clinics from 5 to 10 sites and continue working with the NTP, SNAP and NRL to strengthen the performance of CD4 count tests for all co-infected TB patients in order to facilitate early identification of TB patients eligible for ART.

• Provide TA and implementation support for community-based support program for TB and ART medication adherence: HCI will work with the NTP, SNAP, CBOs and FBOs to provide treatment support for co-infected TB patients on both TB and ARV treatment through training and ongoing support supervision, as well contract community support groups to conduct education, patient tracking and follow-up. Approaches for combined support for TB and ARV treatment piloted in Dvokolwako HC also will be scaled up.

• Provide training in Integrated Management of Adult and Adolescent Infections: HCI will assist the TB clinics to prepare and implement ART initiation and follow-up in TB care settings for eligible TB/HIV co-infected persons, and work with SNAP to conduct trainings for nurses on IMAI, adherence and support, and ARV recording and reporting.

• Provide (infrastructure) resources for TB and ART activities in TB clinical settings: In FY 09, HCI procured prefabricated consultation space for three health facilities to address space shortage, which was one of the main constraints in the provision of integrated TB/HIV services. In FY 10, more TB clinics

will be supported with infrastructure modifications and furniture.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	15,000	

Narrative:

Increase the number of HIV-infected children receiving Pediatric HIV/AIDS care and support

Provide TA and support for provision of cotrimoxazole preventive therapy for TB/HIV co-infected children: HCI will work with SNAP, NTP, ICAP and the Baylor Center of Excellence to finalize the pediatric package of comprehensive care. HCI also will conduct trainings on pediatric HIV management and cotrimoxaxole prophylaxis for HCWs from TB diagnostic units, and on diagnosis of TB in children for HCWs from HIV care settings. HCI will assist provision of cotrimoxazole in TB diagnostic sites.

Supervision, improved quality of care and promoting integration with routine pediatric care: HCI staff will provide support supervision using a checklist that specifically includes a pediatric section to ensure prioritization of pediatric care at clinics. HCI developed and validated a pediatric TB screening tool that was adopted by the National TB/HIV Coordinating Committee. HCI will work with NTP, SNAP and the Baylor pediatric clinic to scale up implementation of TB-screening and pediatric care in HIV care settings, OPD, ANC and MCH clinics. HCI will also advocate for availability of PPD to increase the diagnostic capacity of pediatric TB. HCI also will provide TA and support in the development and printing of job aides for ICF, IPT and TB screening tool.

Provide TA support for provision of Isoniazid preventive therapy for HIV infected children
HCI will work with SNAP, NTP, EGPAF and the Baylor pediatric clinic to scale up provision and implementation of isoniazid preventive therapy for latent TB infections among HIV-positive persons in order to prevent development of active TB in HIV care settings. HCI will assist provisioning of Isoniazid HIV care settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	20,000	

Narrative:

Increase quality Pediatric HIV and AIDS Treatment/ARV Services for TB patients by introducing ART in TB clinics
• Recruit and deploy staff to provide TA and clinical management of HIV and AIDS treatment in TB clinics: The MOH plans to treat all HIV-positive pediatric TB patients eligible for ART in TB clinical settings to minimize TB transmission, and provide comprehensive TB/HIV services under one roof. In

order to scale up provision of pediatric ART in TB clinics, HCI will recruit a Medical Officer to provide clinical and programmatic support on pediatric ART/TB treatment.
• Provide training and on-site implementation support for scale up of ART provision to pediatric cases in TB clinics: The HCI medical officer will provide on-site TA for ARV initiation of pediatric cases attending TB clinics in the four regions. In the previous year, HCI supported initiation of ART in five facilities. In FY10, HCI will scale up ART in ten TB clinics. HCI will provide training for clinicians and others on pediatric HIV treatment, especially among co-infected patients, including clinical monitoring of patients on treatment.
• Provide support to strengthen laboratory support and diagnostics for pediatric clients: HCI will work with the NTP, SNAP, stakeholders and NRL to strengthen HIV testing for children, including DBS and performance of CD4 tests for all co-infected pediatric TB patients to facilitate early identification of ART-eligible TB patients.
• Support the development of community-based support program for TB and ART medication adherence: HCI will work with the NTP, SNAP, CBOs and FBOs to provide treatment support for co-infected TB patients on both TB and ARV treatment through training and ongoing support supervision, as well contract community support groups to conduct community education and patient tracking and follow-up. Pilot approaches for combined support for TB and ARV treatment piloted in Dvokolwako HC will be scaled up.

Provide TA for finalization of Pediatric ART guidelines: HCI will work with SNAP, NTP and the Baylor Center of Excellence to finalize the pediatric ART guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	718,400	

Narrative:

HCI will assist the NTP to finalize the national TB community Directly Observed Treatment, Short-course (DOTS) strategy, and the development of job aides for the TB defaulter tracing guidelines; reach out to traditional health practitioners in order to increase their knowledge about TB, prompt referrals of TB suspects and encourage their engagement in promoting treatment adherence to anti-TB treatment, and; advocate for increased political commitment for TB, community awareness and involvement in treatment support.

HCI will work with the CDC laboratory project to provide TA for quality-assured TB bacteriology by strengthening laboratory services. HCI will continue to work with the MOH and other laboratory partners in strengthening staff capacity in smear microscopy, new technologies (e.g., sputum concentration and fluorescence microscopy), culture and first-line drug-susceptibility testing. Support will also be provided

to strengthen supervision of staff at peripheral levels by the National Referral Laboratory (NRL), implementation of quality management systems for laboratory services, and linkage with the South African Medical Research Council for culture and second-lines DST services.

HCI will provide TA and resources for monitoring and evaluation (M&E) activities to improve reporting and recording systems. For example, HCI will continue to assist the NTP in monitoring national and international TB, TB/HIV and MDR-TB indicators on a quarterly basis, and facilitate trainings on the updated versions of the TB electronic Register (eTR). HCI will organize quarterly meetings with facility staff to review performance and support use of standard evaluation system journals for documenting QI interventions. HCI also will assist in MDR-TB patient mapping and resistance patterns, and will work with NTP and MSH to develop an electronic database (eTB manager) for programmatic and clinical management of MDR-TB.

HCI will provide TA and resources to decrease the burden of TB among HIV patients and will support the scale-up of TB case-finding to all HIV care and treatment settings, starting with ART units. Health care workers will be trained on the 3I's (Intensified case finding, Isoniazid preventive therapy, and Infection control in congregated settings).

HCI will work with stakeholders to implement Infection Control and Prevention (ICP) for TB practices, assist facilities to conduct infection control assessments, and assist the NTP and SNAP to scale-up isoniazid preventive therapy for people living with HIV.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7404	**Mechanism Name: AIDStar/M2M**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**

GHCS (State)	500,000

Sub Partner Name(s)

Mothers 2 Mothers		

Overview Narrative

Mothers2Mothers (M2M) works to enhance and support PMTCT programs by providing education and psychosocial support to HIV positive pregnant women and new mothers accessing Prevention of Mother to Child Transmission of HIV (PMTCT) services at existing PMTCT public health facilities. Activities are focused on improving the effectiveness of PMTCT in Swaziland and are aligned to the goals, priority thrust and focus on integration and collaboration in the Partnership Framework. A replicable, scalable, sustainable, integrated, cost-effective model of peer-based support is used to address the challenges facing pregnant women and mothers living with HIV. M2M trains and employs HIV positive mothers as educators and care providers; Site Coordinators (SCs) and Mentor Mothers (MMs) who then educate and support pregnant women and new mothers in effectively utilizing PMTCT services.

There are currently 550 M2M support sites operating across seven countries in Africa; South Africa, Swaziland, Lesotho, Malawi, Kenya, Rwanda and Zambia. In Swaziland, site coverage by July 2009 stood at 33 sites spread across all four regions of the country. With PEPFAR funding for FY10, M2M expects to extend to 49 sites by September 2010 and with continued financial support, expand further to 55 sites in the FY 2011.

M2M's goal is to sustain and improve the effectiveness of PMTCT through achievement of the following objectives:
- Expanding the reach of the M2M program and its capacity to increase PMTCT education and psychosocial support services for pregnant women and new mothers;
- Improving uptake of PMTCT services and actions among HIV-positive clients by providing comprehensive education and support from the antenatal to postpartum phase;
- Improving the quality and effectiveness of M2M services by strengthening current program activities and linkages with related PMTCT services.

The M2M program includes the following cross cutting issues:

Human resources for health: Effective task shifting from clinical personnel to M2M staff for the delivery of key PMTCT services is aimed at ensuring optimal utilization of facility and M2M staff in order to ensure that all pregnant women receive the full package of PMTCT care services.

Food and nutrition policy, tools and service delivery: MMs give daily demonstrations to pregnant women and new mothers on how to prepare healthy and nutritious meals for themselves and their families.
Health-Related wraparounds: M2M will enhance and improve its post delivery program to focus on safer infant feeding in order to reduce post-natal transmission. M2M will expand activities to include efforts aimed at educating pregnant women and new mothers about TB diagnosis, care and treatment. All site staff will be trained to use a simple screening tool that will help identify women in need of referrals for diagnosis/care services.
Gender: The M2M model of care will be expanded to focus on engaging male partners by encouraging couples HIV testing and providing education and support for HIV-positive and discordant couples. Education of couples will include the areas of violence against women, family planning, mutual fidelity, safer sex and partner support through treatment and care among other critical issues. MMs provide emotional support aimed at helping women confront violence and reduce their likelihood of becoming targets and victims. Women who come to the program are also given information about income generation projects in their area and are encouraged to participate in such programs. MMs and SCs are economically empowered through the salaries paid to them to assist them in caring for themselves and their families' needs.

A 2-pronged data collection strategy is used to collect facility data and program indicators at each site on a monthly basis. Site-based SCs and MMs collect the data.
• Facility data - When planning the opening of new sites, facility data is collected and analyzed to inform site staffing and program needs.
• M2M program data - M&E tools (notebooks & logbooks) developed by M2M are used to collect daily and monthly program indicators at each M2M site, including levels and types of daily client interactions in the education and support services provided from antenatal through to postnatal phases.

In order to efficiently and cost effectively manage the increasing number of sites and program activities, M2M has established a site cluster system and this will continue to be implemented. A group of 3-4 sites will form a cluster of sites managed by a single SC instead of a SC at each site. The program is located in public health facilities offering PMTCT which contributes to maintaining manageable infrastructural overhead costs and achieving economies of scale when adding additional sites.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	13,000

Human Resources for Health	113,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**7404**		
Mechanism Name:	**AIDStar/M2M**		
Prime Partner Name:	**John Snow, Inc.**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	500,000	

Narrative:

Activity 1: Opening new sites and human capacity development
Baseline studies and detailed assessments will be conducted to decide on new site expansion, in consultation with MOH. Operational and procurement processes will be implemented to prepare for and eventually open the identified new sites.

SCs and MMs for the new sites will be recruited and trained to capacitate them in providing effective education and psychosocial support to pregnant women and new mothers with HIV. The comprehensive training curriculum includes modules on PMTCT and ART, maternal and child health, infant feeding and nutrition, disclosure, reproductive health and safe sex among others. Training ensures that site staff provides HIV positive clients with adequate support to empower them to live healthy lives, prevent transmission of HIV to their babies and nurture them.

Activity 2: Service and Mentoring
M2M SCs and MMs will provide one-on-one and group psychosocial support and education sessions for

clients including group pre-test education talks in antenatal care settings; one-on-one education and support; structured group support and education sessions for HIV positive clients and provision of nutritious meals; male partner couples support sessions; referral of pregnant women, new mothers and their infants to relevant service providers for medical care and family support.

Activity 3: Ongoing program quality management
Regional Managers will provide ongoing supervision and support of SCs and MMs including periodic refresher training to ensure provision of up to date information on new protocols and/or guidelines to clients as well as further skill development on support and education techniques to continuously improve the effectiveness of quality services. M2M will implement a quality improvement plan as informed by the 2009/2010 planned M2M quality assessment exercise on program linkages and delivery. A Wellness program will be introduced to provide critical life skills to SCs and MMs to enable them to effectively manage and improve their work and personal lives, including dealing with the associated individual stresses and effects of their work as well as their own lives.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10145	**Mechanism Name: Lab support, QA, auditing**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of this program is to enhance laboratory testing practices and strengthen the quality of laboratory testing services in order to improve the effectiveness of HIV/AIDS prevention, care and treatment services and interventions through;

• Ensuring adequate numbers of competent laboratory professionals
• Developing, implementation and monitoring tools for a comprehensive Quality Management System (QMS).
• Developing a comprehensive Laboratory Information Management System (LIMS)
• Establishing guidelines to implement, review, evaluate, update and revise the laboratory strategic plan.

In supporting laboratory training and quality improvement for diagnosis and laboratory monitoring of HIV/AIDS, this project will contribute to the key intervention area, "Decentralized and improved quality of care and treatment services for adults and children, including HIV testing and TB/HIV" in the PEPFAR Swaziland Partnership Framework (PF). The three PEPFAR partners focused on laboratory infrastructure, URC, APHL and ASCP, each bring a set of complementary skills to the program and will work in collaboration with coordinated work planning to build laboratory capacity throughout the country for decentralization of HIV-related services in line with the PF.

ASCP services and interventions will cover all seven public hospital laboratories, seven health center laboratories, as well as the 12 mini laboratories currently being established in rural clinics.

In line with the transition process, ASCP will focus mainly on provision of technical assistance for the development plans, guidelines, manuals curriculum for training, comprehensive information systems. Implementation, monitoring and supervision of day to day activities will be left to local in-country partners linking project activities with other donor funded initiatives and working closely with the GKOS to ensure sustainability of laboratory programs. ASCP aims to build in-country capacity through training of trainers workshops and mentoring programs. The goal of ASCP's programs is to build a core group of laboratory professionals who are well trained, committed, and willing to share their knowledge gradually reducing ASCP's role to one of only technical oversight.

The M&E Plan for this activity includes observation, checklists based on training materials, interviews and lab assessments. ASCP will also roll-out an M&E training event. The training will focus on teaching implementing partners, Quality Managers and others how to monitor and evaluate personnel activities and the knowledge-level. ASCP uses on-site laboratory assessments, pre and post tests, workshop evaluations, and competency tests to monitor the effectiveness of project. ASCP utilizes the expertise of its staff and volunteers to build effective M&E plans and scans and stores its M&E data on a secure server in Chicago, Illinois

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10145**
Mechanism Name:	**Lab support, QA, auditing**
Prime Partner Name:	**American Society of Clinical Pathology**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	300,000	

Narrative:

As part of PEPFAR's PFIP commitment to provide financial and technical support to the laboratory infrastructure and information systems in support of prevention, care and treatment scale up, the following activities will be undertaken:

ASCP in collaboration with National Clinical Laboratory Services (NCLS) will establish staffing norms and required standards for certification of laboratory personnel at all levels of service provision and develop a comprehensive training and recruitment plan to ensure adequate numbers of competent laboratory professionals. This document will be used for regulation, and standardization of pre-service, in service, scope of practice, and competency assessment of clinical laboratories. ASCP will also assist with development of a curriculum for Continued Professional Development and Upgrading of current staff, as well as set up a training unit which will be housed in the new NCLS building. This will include provision of TA, procurement of training equipment (e.g teaching microscope, conference call commodities, computers, projector etc) and funding for external training programs (e.g., University of Malawi/Botswana).

There is no electronic Laboratory Information System (LIS) to assist in data collection and utilization. Currently, data retrieval is cumbersome if not impossible. Without electronic management of data, little

research, monitoring of disease trends and detection of emerging diseases can be achieved. ASCP will support other PEPFAR partners to assist in the development of a comprehensive LIMS in support of the envisaged Laboratory Sample Transportation system.

ASCP will provide direct TA and support to Laboratory organizational leadership in establishing guidelines to review, update and revise the 5-year laboratory strategic development plan (2008-2013) and policy, and enhance capacity development for laboratory supervisors.

To facilitate development of a quality management system that is consistent with the guidance and recommendation of the national laboratory accreditation agencies and the international standards organization such as ISO (ISO15189-2007 standards) for competency and quality for the medical laboratories. ASCP will provide technical assistance for the development of all the necessary documentation including a Laboratory Quality Manual, Laboratory Safety Manual and National Laboratory Standards and Guidelines required for successful implementation of both the Laboratory policy and NCLS 5-year strategic development plan. The final stage of this intervention will be performing external audits to determine readiness for accreditation, followed by facilitation of a formal accreditation process.

Strengthening laboratory management towards accreditation training (SLMTA) consists of three one-week trainings over a 9 month period targeted towards level II and level III laboratorians. The final training would be completed during COP10. Two 1 month long technical assistance and mentorship trips using various consultants will work with laboratories in Swaziland to create sustainability and work towards accreditation. ASCP will also sponsor two stakeholders from Swaziland to attend a Leadership Exchange Seminar at the ASCP offices in Chicago, as well as visit the CDC lab in Atlanta. The meeting will offer the stakeholder an opportunity to learn about laboratory practices in the United States; it will also offer an opportunity to strengthen the relationship and partnership between Swaziland, CDC and ASCP.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10152	**Mechanism Name: Human Capacity Develoipment**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: IntraHealth International, Inc	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,550,000	
Funding Source	**Funding Amount**
GHCS (State)	288,225
GHCS (USAID)	1,261,775

Sub Partner Name(s)

Council for Health Services Accreditation in Southern Africa	East, Central, and Southern African Health Community	Foundation for Professional Development
Institute for Development Management	Management Sciences for Health	

Overview Narrative

The Southern Africa Human Capacity Development (SAHCD) Coalition is a four year associate award (AA) which began on October 1, 2006 and will be ending in January 2011. The project is designed to strengthen Human Resource Management and Information Systems to improve Workforce Planning and Policy, develop better skilled workforce and sustain health worker performance to implement quality HIV and AIDS programs. The current HCD Coalition is made up of six organizations; IntraHealth International (Lead) , Management Sciences for Health (MSH), Foundation for Professional Development (FPD), Council of Health Service Accreditation of Southern Africa (COHSASA), The Eastern, Central, and Southern African (ECSA), and Institute of Development Management (IDM). A new competitive bid will be developed with the AA coming to an end in 2011.

The overall goal of the SAHCD activity is to improve human resources for health (HRH) workforce policies, planning, development and support systems for retention and productivity to increase both access to and quality of HIV-related services and support. SAHCD's activities provide the core of the human resources for health component of the HICD pillar of the Partnership Framework (PF); contribute directly and significantly to the response management thematic area of the National Strategic Framework on HIV and AIDS 2009-2014 (NSF) and support the aims of objectives of the Health Sector Strategic Plan. These activities address the human resource constraints limiting scale up of all aspects of the HIV response, including prevention, care, treatment and support. This entire portfolio is dedicated to strengthening the healthcare system workforce for a sustained, locally owned HIV response. As such, the full budget of the project is reflected under the HRH cross cutting budget code.

SAHCD's target population is the public sector health workforce, primarily the Ministry of Health (MOH) and Department of Social Welfare (DSW) from the national to facility level; NGO's contributing to the HIV response and volunteer workforce at community level.

By strengthening the local human resources management and the local workforce, SAHCD's activities will realize cost efficiencies across the breadth of the PF as the requirement for expatriate staff and external consultants will be reduced and tasks can be allocated efficiently across the various cadres of health workers.

SAHCD has a comprehensive Performance Monitoring Plan that tracks all activity implementation based on PEPFAR and other custom-designed indicators. The program employs a full-time M&E specialist. SAHCD has a training database, reporting and documentation mechanism and a dissemination strategy as well as a web-based COHSASA Quality Information system (CoQIS) in 19 health care facilities. SAHCD issues monthly bulletins to stakeholders and conducts routine data audits and assessments for program improvement. There is also a Best Practice and Knowledge Management Strategy to guide the sharing of best practices as a means to improve program approaches.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,550,000

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**10152**
Mechanism Name:	**Human Capacity Develoipment**
Prime Partner Name:	**IntraHealth International, Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	150,000	

Narrative:

In FY009, the HRIS was decentralized to regional offices. SAHCD recruited a regional HRIS (Human Resource Information System) Advisor and a HR Information officer attached to the MOH and has trained HR managers in data driven decision making. SAHCD will continue to provide technical assistance and training managers, regulatory councils and managers at national and regional levels to utilize the HRIS. The system will be expanded to link with other health management information system, logistics systems to flag facility performance in relation to HR productivity and retention issues for managers to make quick management decisions. These include responsive supervision and redeployment of staff according to service demand.

Based on GKOS plans, regional offices will have access to internet in the coming year. SAHCD, through CoHSASA, will install CoQIS at regional and hospital levels and train managers to enter quality data, and generate and use reports to improve the quality of health services. Training on CoQIS will be linked to utilization of HRIS and HMIS to highlight service utilization challenges and problem solving techniques to address the bottlenecks.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,400,000	

Narrative:

In FY 11, SAHCD will continue to provide direct support focuses on:

Strengthening Human Resources (HR), including improving HR management systems (HRMS)
SAHCD will assist the MOH to expedite and fast-track recruitment of healthcare workers (HCWs) for critical existing vacant posts and new positions based on the new MOH structure at senior management and technical HCW positions (laboratory, pharmacy, radiographers, doctors and nurses). Through a consultative process with MOH priority recruitment cadres will be identified each year so that there is clear understanding on the recruitment SAHCD will support from the pool of graduates from local and regional pre-service training (PST) institutions, working closely with the Ministry of Public Service (MOPS) Scholarship Board and MOH. A streamlined recruitment and deployment system will be developed with the Civil Service Commission (CSC) under MOPS, and Nursing Council so that registration and recruitment processes for nurses and specialized cadres (doctors, pharmacists) are shortened. SAHCD will support capacity building for the MOH Training Unit in external recruitment.

Developing an Attraction and Retention strategy
To attract and retain recruited HCWs, SAHCD will engage Ministries of Health, Finance, Education, Economic Planning, MOPS and the CSC to develop an Attraction and Retention strategy and an Orientation Package for technical HCWs. SAHCD will also conduct an assessment of current

performance and evaluation systems at MOH and MOPS to identify gaps and develop an effective performance management system (PMS) for MOH including PMS tools and performance based supervision systems. An assessment will be conducted of current promotion criteria of the MOH and CSC and career promotion structures realigned to ensure effective promotion policies leading to upward career mobility for HCWs. Career promotion structures will be linked to PMS, attraction and retention strategy, orientation packages and the new MOH organizational structure.

Implementation of the new functional MOH organizational structure
SAHCD will support implementation of the new MOH structure by recruiting for key new positions, providing temporary salary support for the HR Director and senior HR management positions at national and regional levels with a focus on building capacity in the HR Unit. SAHCD will support advocacy for creation of new positions in the establishment register and absorption by MOH. Job descriptions will be updated and/or developed for critical existing and new positions, including administrative positions (Director General Technical/Health Services; Director, Administration; Director HR; Director, MOH HQ HRM; Director, Regional HRM; Superintendent, National Reference Hospital) and technical positions. SAHCD will collaborate with other development partners (UN agencies, EU, World Bank, Global Fund) to develop a Standardized Package of Health Services for all levels of care, mechanisms for tracking Attrition rates for HCWs (linked to HRIS and HRMS), and a Capacity Development Framework/National Workforce Plan. MOH will be supported to utilize the Staffing Norms for health facilities to inform decisions on HCW deployment and distribution. A recruitment policy/strategy will be developed for MOH using lessons learnt in recruitment to ensure efficient recruitment and deployment of HCWs.

Support to establish an HRH Advisory Committee
Refining of the terms of reference (TOR) for the HRH Advisory Committee will be guided by the MOH to create a forum for government and developmental partners involved in HRH. . SAHCD will support advocacy to government, regulatory councils, PST institutions and development partners to ensure buy-in and participation, and provide financial and secretariat support for meetings.

Strengthen PST training institutions
There are only three local training institutions for health professionals in the country. The Faculty of Health Sciences of the University of Swaziland is responsible for the training of almost 70 % of the professional nursing cadres in community, medical and surgical nursing. Nazarene College of Nursing on the other hand accounts for the remaining 30 % of professional registered nursing cadres; and Good Shepherd Nursing School is responsible for the training of the Nursing Assistants cadre with an output of 40 per year. There are no training facilities for the rehabilitation therapists, radiographers, laboratory technicians.

SAHCD will strengthen PST to increase the supply of new skilled health workers (nurses) in consultation with PST institutions, the Nursing Council, and MOH, to finalize ongoing upgrading of nursing certificate courses to diploma level and increasing intake in the diploma and degree programs. Good Shepherd and Nazarene Nursing College will be the priority. The support will be finalization of curriculum development, renovation of infrastructure and faculty salary support. The finalization of the Task Shifting support through WHO is a strategic area of support for PEPFAR because it impacts on all funded program areas. SAHCD will advocate for the development of guidelines to support to avoid the long policy development process. GOKS and other funding partners who can support infrastructural needs will be consulted.

Support for In-service Training (IST)
Continuous Professional Development (CPD) will be supported by conducting a Training Needs Assessment and a HCW Skills Audit at all levels; supporting the MOH Training Unit to develop a Master Training Plan and Training Information Management Systems (TIMS); and strengthening MOH's coordination and standardization of training activities to ensure efficient use of available training resources and avoid duplication of activities. Advocacy and support will be provided to MOH and PST/IST institutions to develop a Continuing Education Strategy, with advocacy to regulatory councils and MOH to accredit selected IST courses.

The capacity of community health workers (CHWs) to deliver HIV related services will be strengthened by supporting: implementation of Supervision Manual through a Training of Trainers (TOT) for CHW supervisors (national and regional); standardization and printing of training curricula; training, advocacy for accreditation and standardizing the work and remuneration of various CHWs cadres; and the promotion of quality control for CHW service delivery and job outputs through supportive supervision systems.

The need for qualified Social Workers in Swaziland is huge. Through SAHCD, support will be provided to modify the DSW organizational structure that was developed when the department was part of the MOH. DSW is now housed within the Deputy Prime Minister's Office with additional functions, including disaster management and management of the education grants for orphans and vulnerable children. Based on the new structure, the Social Welfare Policy and DSW Strategic Plan, a HR Capacity Gap Analysis will be conducted to assess the Department's skills gap. Training for recently recruited Para-social workers is a priority for the department and SAHCD will provide TA support in developing a program in-country modeled from what has been done in the region (Malawi). Increasing the number of specialized (degree-trained) Social Workers is important because there are so few qualified Social Workers in Swaziland and tremendous demand for their services. SAHCD will also provide support in certification and accreditation

of programs currently underway and funded by UNICEF to train CHWs in psychosocial support. Leadership Development Program Building on previous leadership development (LDP) programs targeted at lower level managers, SAHCD will strengthen the governance and stewardship role of the MOH to create a conducive policy environment for improved health workforce outcomes. MOH capacity will be developed in leadership, governance and management at middle and senior levels. The virtual learning programs (HRH and Strategic Plan) and the accredited FPD/Yale Management course will be utilized. The capacity of local Institutions (SIMPA, Mananga, IDM and ESAMI) will be built via capacity building workshops on MSH tools (MOST, HRMRA, and Consulting for Results tools) to further develop leadership, governance and management skills.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10157	**Mechanism Name: PACT / Community Reach**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pact, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,246,016	
Funding Source	**Funding Amount**
GHCS (State)	317,000
GHCS (USAID)	2,929,016

Sub Partner Name(s)

Action Against Hunger	Bantwana Initiative	Cabrini Ministries Swaziland
Family Life Association of Swaziland	Nhlangano AIDS Training Information and Counseling CenterSwaziland	Roman Catholic Church RCC (Caritas Swaziland)

Salvation Army Swaziland	Save the Children Swaziland (SCSWD)	Swaziland Action Group Against Abuse
Swaziland Business Coalition Against HIV/AIDS	Swaziland National Network of People Living with HIV/AIDS	Voice of the Church Swaziland
World Vision Swaziland		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	26,646
Education	117,488
Food and Nutrition: Policy, Tools, and Service Delivery	33,137
Gender: Reducing Violence and Coercion	7,829
Human Resources for Health	2,144,433

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**10157**
Mechanism Name:	**PACT / Community Reach**

Prime Partner Name:	Pact, Inc.		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	184,124	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	997,000	
Narrative:			
GHCS-State: 317,000 GHCS-USAID: 680,000 To scale-up current impact mitigation activities with civil society partners. See data entry for Pact Mechanism, HKID/OVC. A limited number of partners will be selected to receive additional funding based on 1) their performance in FY 2009, including the ability to meet established targets and quality of interventions; 2) their ability to achieve economies of scale while maintaining quality of services; 3) the needs of children in their coverage area and the; 4) the extent to which the intervention supports the sustainable development of national and community systems; and 5) their management capacity and ability to absorb additional funding.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	71,989	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	265,255	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	277,923	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	252,027	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	455,698	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	300,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	272,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	20,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10158	**Mechanism Name: Counselling and testing**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,083,000	
Funding Source	**Funding Amount**
GHCS (State)	1,083,000

Sub Partner Name(s)

Lusweti Insitute	The AIDS Information and Support Centre Swaziland	The Worship Centre
World Vision Swaziland		

Overview Narrative

PSI Swaziland is in year four of a five year grant for strengthening the provision of high quality HIV testing and counseling (HTC) services. Its mandate in Swaziland has focused on client initiated counseling and testing and corresponding prevention services; but, as of COP 09 also included support for the national male circumcision (MC) scale up policy. With COP 10, PSI will continue to advance HTC in Swaziland but will see a diminished amount of MC funds due to a new Swaziland MC specific implementing mechanism that is being issued as part of the 2010 COP.

The Partnership Framework (PF) aims at increasing the number of sites offering HTC. PSI will establish new pockets of service delivery in communities guided by the Service Availability Mapping (SAM). Where stationery sites are not feasible, regular sites will be established using local structures like churches and schools. This will contribute to PF objective of increasing the percentage of the population knowing their HIV status.

In 2005, when USG funded HTC activities started, the cost to the organization for one test was $399. In 2009 this number has been reduced to $20.20 (calculated as total budget divided by the number of tests

for that fiscal year; this includes budgets allocated for ABC. Without ABC the cost per test in 2009 was $12.62). The marketing communication premium included in this cost was $2.90 per test in 2009 compared to $21.50 in 2005 (this also includes all IPC related costs).

Human resources for health is a cross-cutting budget attribution in this activity for the salary support of ten community-based HTC counselors. Increasing gender equity in HIV/AIDS activities and services, addressing male norms and behaviors, end of program evaluation, mobile populations, military populations and workplace programs are addressed as cross cutting key issues in this activity.

In conjunction with implementing activities funded by the Royal Netherlands Government, PSI will attempt repositioning female condoms in the broader context of gender dynamics in Southern Africa. These activities will also build upon concurrency related work already. PSI will also address gender perceptions and role distribution through its HTC campaigns focusing on men, as well as activities related to male circumcision.

Entering the final year of this five year program, a national, cross sectional survey to assess the impact of HTC and condom programming will be conducted. This will be the third survey (the first conducted in 2006 and the second in 2008) and results will be compared across the three years.

PSI will give increased focus to increasing accessibility and utilization of condoms and HIV counseling and testing services among mobile populations. Activities with mobile populations will address sex workers, men who have sex with men as well as uniformed services.
A percentage of support will go towards PSI's Corporate AIDS Program, which works closely with employers to develop workplace HIV policies and conduct HIV prevention education among employees.

PSI employs an M&E Manager, two coordinators and a MIS Officer to manage qualitative pre-testing initiatives, quantitative monitoring and evaluation, and community/ site level activities. MC Coordinator and HTC Network Coordinator work closely with SNAP and WHO to provide support for quality assurance across the sector.

M&E Activities
- Quarterly site assessments for network sites/ public sites in collaboration with SNAP to ensure adherence to national standards & harmonize data collection tools;
- Forums to promote information use for decision making;
- With SNAP, WHO and JHPIEGO, support regular quality assurance assessments and MC site visits;
- Client exit forms will administered to every 10th HTC client to track satisfaction levels;
- New health services MIS database allows for live client feed of intake forms in both HTC and MC at sites

and centralized to an integrated database. It also allows more complex analysis, done monthly;
- Continue to collaborate with National Referral Laboratory for quality assurance of testing at both HTC and MC sites;
- Support for the development and review of standards, protocols and operating procedures for HTC and MC;

Operations Research Activities:
- National, cross-sectional survey to evaluate program impact and allow identification of relevant behavioral determinants.
- National mapping survey to assess accessibility and availability of services and outlets, using geographic information systems to map delivery locations & sales points.
- Raw data for both above surveys stored in encrypted files will be analyzed and disseminated in report to donors, MOH, partners and other key stakeholders.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	14,000
Human Resources for Health	351,491

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Military Population
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**10158**
Mechanism Name:	**Counselling and testing**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVCT	833,000	

Narrative:

Given the complexity of the epidemic in Swaziland and the behaviors that drive the virus, integration of different HIV prevention strategies is essential (ABC + HTC + MC). HTC is used as a platform for prevention messaging, and prevention channels are used to promote testing and/ or MC; in this context the community-based agents play a crucial role in promoting these health behaviors.

Using funds dispersed in the past PSI has built an implementation infrastructure that relies on an integrated approach and has yielded impressive results. The most significant element of this infrastructure is the extensive network of 110 community based agents that support PSIs core program teams with activities that vary from mobilizing communities to inter-personal communication. It is with the support of these agents that they are able to maintain credibility in rural communities, react quickly if need be and reach the communication targets set on an annual basis. In 2009, the IPC related premium/ test was estimated $0.66. HTC specific activities proposed for COP10 include:

The overall goal for HTC in Swaziland is to increase the number of people knowing their status to 50% for men and 40% for women in for the period 2006-2013 (= 198,000 people). In 2010 focus will be on national coverage and service provision will target 54000 of the population aged 15-49. Services supported by PEPFARPSI will be offered according to the national HTC guidelines, including youth friendly services. This will be achieved by:
1. Providing high quality HTC services in PSI managed free standing sites
2. Providing CIHTC technical support to other sites
3. Addressing domestic violence related to HTC through post-disclosure counseling Contributing to the development of a national HTC BCC strategy. Campaigns will be targeted at couples and men (with additional linkages to MC);
4. Continuing MARP HTC interventions (prisoners, CSW's, MSM and mobile populations). These will be supported by IPC through the network of community based agents. Activities will be expanded to all prisons and referrals/mobile HTC will be conducted among CSW and MSM supported by peer education efforts. PSI will also increase HTC access among mobile and seasonal workers (with IOM)and provide support to the military to scale up HTC;
5. Door to door counseling offered by community based lay counselors & advocacy for policy shift to allow lay cadres to provide HTC;
6. Expanding the corporate HIV prevention program to focus on national systems strengthening and closer public private partnerships (PPP's).CAP services will be repositioned to target high volume/ high risk industries. .
7. Strengthening linkages to prevention, treatment, care and support; improve follow up to ensure access

to care to include community support services;
8. Training of counselors in CIHTC and facilitate pre-service curricula integration. SWAGAA will support integration of gender based violence and counseling for victims of sexual violence. Pre service curriculum integration with certification of providers on HTC service provision will be done to equip providers and reduce time and costs associated with in-service training;
9. Integrating HIV prevention activities into HTC; adoption of risk reduction strategies with knowledge of HIV status. Follow up counseling will be done for clients who test HIV negative and discordant couples and monitor their sero status.
10. Partnering with churches to reach targets. .
11. Social mobilization through IPC agents based in communities and conducting activities addressing HTC, MC, abstinence, being faithful, concurrent partnerships and condom use.
12. Increasing coordination to support underserved pockets and avoid duplication.
13. Continue diversifying outreach models (60% of the total HTC clients in 2009) and reviewing CIHTC service delivery to integrate SRH services to increase the number of walk-in clients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	200,000	

Narrative:

PSI has been a lead partner for the national MC scale up plans, but due to the national importance of the MC initiative it is imperative for PEPFAR Swaziland's strategic vision to initiate a Swazi-MC focused mechanism with COP10 funds. This will allow the PEPFAR Swaziland team to more fully oversee the development of this PF pillar. Funds in PSI's COP10 submission will ensure that services are not interrupted before the new award can be issued. The focus of this funding will be on service delivery at the Litsemba Letfu clinic and at three GKOS public facilities. At the GKOS sites PSI will work with the Ministry of Health to integrate circumcision services into the public sector facilities and will support their supply, equipment, training and QA needs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	

Narrative:

HTC is a gateway to prevention, treatment, care and support and cannot be a standalone intervention. HVOP funds will support communications and other outreach efforts to support HTC. Efforts to maximize HTC for HIV prevention will be intensified through the following approaches:
1. Scale up access to HTC services among most at risk populations including prisoners, CSWs, MSM, seasonal workers and mobile populations. Peer educators will receive additional training and be given coupons to distribute during education sessions. Where possible mobile and on-site HTC services will be

provided to these populations. 2. The IPC agents based in all Tinkhundlas, will receive partial continued support for social mobilization activities including door-to-door HIV prevention educational activities. The agents convene small community activities and will integrate messages on condoms, HTC, MC and concurrent sexual partnerships. Stipends for peer educators and IPC agents will be supported and cost shared across MC, HTC and condom budgets. Bus rank promotions and information desks will be also be staged on a monthly basis to increase access to HIV prevention messages and information

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10244	**Mechanism Name: SBFA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Safe Blood for Africa Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 125,000	
Funding Source	**Funding Amount**
GHCS (State)	125,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Safe Blood for Africa (SBFA) is PEPFAR's sole implementing partner in this technical area and has received only minimal support to date. It is, however, listed as one of the "Other Priority Areas" of the Partnership Framework and has been prioritized by HQ with an infusion of FY 2010 funds to support national programming. The overarching goal of this activity is to assist Swaziland to achieve a safe and adequate national blood supply. Blood safety is a focus area of the Partnership Framework to support the scale up of HIV prevention, care and treatment services, including biomedical prevention, HIV testing and counseling and other laboratory services as well as HIV care and treatment. The SBFA project is a

systems strengthening intervention directed at the Swaziland National Blood Transfusion Service (SNBTS) and covers the entire nation in geographic scope. SBFA aims to build up the capacity of the SNBTS and ensure the availability of safe blood when and where it is needed thereby creating cost savings both in terms of reducing the need for external support and lowering the costs of medical care.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10244**		
Mechanism Name:	**SBFA**		
Prime Partner Name:	**Safe Blood for Africa Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	125,000	

Narrative:

With COP 10 funding, SBFA will support the SNBTS in establishing an integrated approach to blood safety in support of the NSF and Partnership Framework. Priority areas for support of Swaziland's blood service include securing the necessary human capacity, training specialized staff dedicated to the blood service, and retaining them in the service by providing professional development and career paths within the SNBTS. Effective development of the SNBTS requires skills which extend far beyond the scope of routine laboratory services, and therefore requires specific expertise and dedicated technical assistance. SBFA will continue to:

• provide operational and technical assistance in line with the Strategic Plan that was developed for SNBTS in August 2008, the NSF, the PF and with WHO's norm's and standards through pursuing a adherence to the national blood policy, and enactment of supporting legislation;

• support training for SNBTS and hospital personnel in donor management, best practices, appropriate

clinical blood use as well as monitoring and evaluation and will assist in development of plans for longer term sustainability by ensuring an effective cost efficient operation; • support training for SNBTS personnel on WHO recommended guidelines and best practices, including follow-up training on safe blood collection; and, • provide technical assistance and support training and mentoring for the implementation of an effective Quality Management System to support the in-country trainings, including mentorship to ensure sustained adherence to best practices and standards.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10247	**Mechanism Name: ICAP/CDC: Improving Quality of Treatment Services**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,000,000	
Funding Source	**Funding Amount**
GHCS (State)	5,000,000

Sub Partner Name(s)

Cabrini Ministries Swaziland	National Emergency Response Council on HIV and AIDS	Nazarene Compassionate Ministries
TBD	World Vision Swaziland	

Overview Narrative

For COP 10, ICAP's goal is to work closely with the Swaziland Ministry of Health (MOH) at the national,

regional and site level to support the strengthening of systems, programs, facilities, healthcare workers and the respective communities to offer quality adult and pediatric HIV care and treatment services with an integrated family-centered approach to people living with HIV and AIDS (PLWHA). This will focus on decentralizing HIV treatment services, initiating HIV care services on the primary care level and better linking the community to the facility. Ultimately, ICAP will shift many of its current activities (re: technical leadership, clinical mentoring and supervision, and community systems) to local governmental and non-governmental responsibility and ownership.

In COP 10, ICAP is funded under three mechanisms: CDC-care/treatment service provision cooperative agreement, CDC-technical assistance for Strategic Information use (UTAP) and HRSA - building capacity to support nurses training. This narrative applies to activities under the CDC-service provision funding. In January 2006, ICAP, with PEPFAR support, began providing support to the MOH to support PMTCT-Plus programs and ensure that HIV-infected pregnant women were rapidly enrolled into HIV care and treatment services with the goals of reducing peri-natal HIV transmission and ensuring that HIV-infected women, their children and partners had access to HIV care and treatment services. In FY09, ICAP re-focused its support to implement family-centered HIV Care and Treatment services in ART centers and clinics, with a focus on de-centralizing services and supporting the Comprehensive Package of Care for HIV/AIDS/TB (CCP). ICAP Swaziland receives technical and programmatic support from the ICAP New York office.

The primary aim of the ICAP program is to collaborate synergistically with the MOH, at the national and site level, and other partners to improve on the ability of healthcare workers (individual level), the multidisciplinary team (group level) and health service (system level) to provide quality family-centered care and treatment (C&T) services through the CCP approach.

ICAP's goals support and contribute directly to the principle goals of the GOKS-PEPFAR Partnership Framework (PF): " to decentralize and improve the quality of treatment services within a CCP in order to increase access and improve outcomes for PLWHA". Also, through community linkages to HIV care, ICAP will support the Impact Mitigation five-year PF goal by increasing the percentage of orphans and vulnerable children receiving basic support (health) services on a regular basis. Finally ICAP's program supports the Human and Institutional Capacity Development five-year PF goal by working to Strengthen the HR capacity of the national government, through strengthening pre-service and in-service training for key cadres, and strengthening the capacity of community level workers to deliver HIV-related services.

The ICAP program provides substantial support to the whole national program in the areas of policy, planning, information systems, laboratory, and pharmaceutical management/supply. ICAP's clinic level support targets MOH and other health care facilities in three of the four regions of the country, Hhohho,

Manzini and Lubombo. Medecins san Frontiers covers the 4th region although in collaboration with ICAP. The target population of the three regions is an estimated 140,000 people who are affected by HIV and AIDS and their family members, the national government and local community groups.

ICAP is planning to strengthen the national and regional systems in the country to be able to provide quality clinical site support and to phase out our direct site supervision. ICAP also plans to undertake renovations and equip key facilities early in the PF period to enable them to expand services more efficiently, without further donor support. Early investments in pre-service institutions and continuing medical education systems should reap long term benefits in terms of sustainable systems where workers are more capable and do not need frequent retraining. ICAP will work closely with the MOH to develop cost effective and sustainable programs using existing personnel more effectively to support the national systems. ICAP will contribute technical inputs and provide support to MOH leadership in a National planning and costing exercise around HIV Care and treatment services.

ICAP is moving quickly to enlist and fund the collaboration of three indigenous community-based implementers. The Nazarene Compassionate Ministries (NMI), World Vision (WVI), and Cabrini Sisters of St Phillips Mission all have strong, historic links in the community in the provision of HIV Care and treatment.

An ICAP M&E unit was established in January 2009. This new team has worked hard to forge a good working relationship with key MOH stakeholders in monitoring and evaluation of HIV/AIDS care and treatment. M&E staff will continue to provide technical support to all ICAP-supported facilities and participate in relevant technical working groups at the national level. The M&E unit is supported by Monitoring, Evaluation and Research department at ICAP headquarters New York (MER-NY). This technical support ensures that ICAP's global wealth of experience is shared with the ICAP-Swaziland M&E staff to ensure compliance to programmatic and funding partners reporting requirements. Recently, ICAP has been working in collaboration with HIVQUAL, UNICEF, and the MOH to establish a national QA/QI system around care and treatment and related services.

The overarching goal of the M&E unit of ICAP-Swaziland program implementation is to develop and conduct high-quality, timely, and sustainable monitoring and evaluation of ICAP supported activities for program evaluation and improvement. This is a collaborative effort, with local, national, and international partners to routinely collect, analyze, and disseminate data to assess program quality, as well as program impact within the Kingdom. In Swaziland, ICAP will implement the nationally approved monitoring and evaluation system and tools. ICAP participates in PEPFAR and national committees to review and revise M&E tools.

An M&E expert joined ICAP in January 2009 as the Program Monitoring Director and head of the M&E unit. He is assisted by three data officers who also joined ICAP in January and May 2009 and a fourth officer who joined in late 2009.

All ART sites have an electronic medical record systems (developed by MSH for the MOH called RX Solution Program Monitoring System) that captures and manages patient level data. At each main care and treatment site, data clerks maintain the PMS, perform routine data quality checks, monitor patients on ART, produce monthly reports on hard copy and send (both electronically and on hard copy) to MOH headquarters through the regional health offices. ART sites' monthly reports are aggregated at the central level and distributed to partners-including ICAP.

The lack of national requirement to routinely report on HIV care indicators represents a major handicap in monitoring HIV services. With MOH approval, ICAP has assisted nine main care and treatment sites to use the Pre-ART registers, and has developed a routine monthly report tools for key care indicators. ICAP is currently piloting this new tool with the main objective to adapt it as a national care monthly reporting form. The findings will be discussed with MOH in October 2009.

Each site sends hard copy monthly reports to the national M&E headquarters. Then the national M&E unit shares hard copies with implementers. As a consequence, there are long delays in data transmission and dissemination. ICAP will provide technical support to strengthen the national M&E system for HIV/AIDS at all assisted sites. ICAP will also work with other PEPFAR partners in assisting the national M&E leadership to develop standard operating procedures, conduct routine data quality assurance at care and treatment sites, and develop analysis approaches to track key treatment outcome measures.

Lastly, ICAP M&E in collaboration with the PEPFAR team, will support the development of CCP cost–effectiveness analysis capacity at the MOH. As national ART guidelines move in the direction of improved quality of care, integrated services, and change in CD4+ threshold (<350), it is important that PEPFAR and partners assist the MOH in raising awareness regarding the cost-coverage implications of policy change. Routine analysis of cost parameters in relation to coverage and quality are key to enhanced planning and implementation of sustainable service delivery models.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	200,000
Food and Nutrition: Policy, Tools, and Service Delivery	40,000

Human Resources for Health	600,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Military Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**10247**
Mechanism Name:	**ICAP/CDC: Improving Quality of Treatment Services**
Prime Partner Name:	**International Center for AIDS Care and Treatment Programs, Columbia University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,250,000	

Narrative:

ICAP will focus activities for care and support in 50 facilities in four main areas; community linkages and programming, adherence and psychosocial support, pre-ART programs and supportive supervision and quality improvement. This focused support is within the larger context of the CCP framework.

Through sub-agreements with WVI, NCMI and the Cabrini Ministries, ICAP will create a national model for strengthening the continuum of care for PLWHA through community linkages in three regions using the Rural Health Motivators (RHM) as the central building block for activities.

ICAP will continue to support the national, regional and site level APS programs in the country including the expert client program. The integration of APS into the overall service delivery at sites will be improved by training site multi-disciplinary teams in APS. By assisting to create a regional structure for APS supervision, ICAP will be able to reduce hands-on work at the facilities.

Following a successful pilot of the pre-ART program in 2009, ICAP will support the MOH to roll-out pre-ART systems as part of the CCP at all facilities in the three regions of ICAP support. These pre ART systems provide a structure for the delivery of quality HIV care (including clinical, preventive, and psychosocial services) and monitoring of HIV positive clients who are not eligible for ART. This will improve the quality of life, ensure that patients start HAART at the right time and are well prepared to ensure a more seamless continuum of care for patients.

ICAP is a key member of the Quality Assurance TWG and has spearheaded the quality improvement process for pre-ART and ART indicators. ICAP will work with the MOH and SNAP to adapt and roll out its Clinical Systems Mentorship approaches, including the Standards of Care (SOC) quality improvement tool to ensure that facilities continue to evaluate the quality of their work and implement programs to address gaps. Additionally, ICAP will train supervisors in Integrated Management of Adult Illness (IMAI) so they have the technical knowledge to supervise HIV care, and work with them to model supportive supervision techniques. ICAP is also planning to work with the Chief Nursing Officer to support her plan to develop more appropriate and useful supervision tools. Lastly, ICAP is collaboration with HIVQUAL and UNICEF to develop and implement a QA/QI system for use by the MOH in its quality of care oversight role.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	3,000,000	

Narrative:

ICAP Swaziland has been the key treatment partner in the country since 2006. ICAP will continue to support the 8 main ART centres in hospitals and health centers and peripheral sites to improve the quality of ART care through supporting the multidisciplinary teams in:

• Clinical Systems Mentoring (Clinical care and health systems strengthening – patient flow, drug supply, adherence counseling and support, follow up)

• Ongoing Quality Improvement

ICAP will build on the successful implementation of appropriate decentralized models of ART refills and initiations in several clinics since 2007. The further decentralization of Adult treatment will improve access, quality of care and community involvement.

ICAP Swaziland will work with the MOH to develop a regional approach to C&T services:

• A Regional team will provide coordination, clinical systems mentoring and support to all facilities in their region

• Hospitals and health centers will continue to provide adult treatment at their ART units. Their outreach role at the clinics will change from providing services (refills and ART initiation) to a more supportive

supervision/mentoring role.
• At clinic level, ART refills will become a routine service provided on a daily basis. ART initiation will at first be provided by an outreach doctor. ICAP Swaziland in collaboration with WHO will work with the MOH to develop a task shifting policy that will enable nurses to initiate patients on ART. ICAP and WHO will support the MOH in piloting and implementing this new strategy.

The following activities will support decentralized Adult treatment at clinic level
• Supply of mobile/temporary structures and renovation of existing clinics to ensure adequate space for the expansion of services at clinics
• Supply of equipment and furniture, and appropriate patient information tools (patient files, registers, appointment books)
• Support for an appropriate patient information system (in collaboration with MSH/SPS)
• Establishment of clinic teams that will meet regularly to discuss operational and clinical issues
• IMAI training for clinic staff
• Site support: clinical systems mentoring (clinical care and health systems strengthening – patient flow, drug supply, task shifting, adherence counseling and support, follow up, and site training
• Further development of facility-based tracking mechanisms and community based linkages and follow up of patients who miss appointments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	375,000	

Narrative:

In addition to main areas of support described under HBHC, ICAP will focus specifically with regard to pediatrics in the following areas.
• Ensuring appropriate care and follow up of HIV exposed children and to ensure early infant diagnosis with DNA PCR testing at six weeks. Follow up of exposed infants using facility-based tracking systems and community linkages will ensure that HIV infected infants start HAART soon after diagnosis.
• Developing a better understanding of how orphans and vulnerable children are accessing care and working to eliminate any identified hindrances
• Working on developing APS messages that counselors can use with children and parents can use to talk to children about their status
• Ensuring that the pre-ART program is extended into the PHUs (in cooperation with EGPAF) to ensure uniform tracking of children while they are in care at these facilities
• Ensuring that indicators for pre-ART and ART QA/QI and the ICAP SOCs have a focus on pediatric issues

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDTX	375,000	

Narrative:

Infants and children will receive the same services as described mentioned for adult treatment above – within the framework of family-centered care. Specific attention will be given to:
• Ensuring that infected infants below 12 months are started on HAART within a month of diagnosis
• Focus on the child's development, including referral/facilitation to schooling
• Actively enquiring with adult patients on HAART about their children and their HIV status
Developing training modules and skills on adherence issues specific for children/teenagers: dosing, gradual disclosure, sexuality

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10621	**Mechanism Name: HIV/AIDS in the workplace**
Funding Agency: U.S. Department of Labor	Procurement Type: Cooperative Agreement
Prime Partner Name: International Labor Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 280,000

Funding Source	Funding Amount
GHCS (State)	280,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The International Labor Organization/U.S. Department of Labor (ILO/USDOL) Project collaborates with partners including government ministries, private sectors and non- governmental organizations. The role of these partnerships range from advisory board membership that gives policy direction to the project, building capacity to design implement, monitor and evaluate HIV and AIDS workplace programs, using the ILO Code of Practice on HIV and AIDS in the Place of Work to fight stigma and discrimination, and mobilizing workers to access HIV testing, STI care, and male circumcision services.

Thirty four enterprises are currently supported by the ILO/USDOL project with a signed Memorandum of Cooperation, dedicated trained HIV/AIDS Focal Points and functional HIV/AIDS Committees. The project will be expanded to the public sector and 17 new workplaces.

The main goal of this project is to overcome discrimination, change behavior and refer increasing numbers of workers to HIV-related services, including HTC, PMTCT, male circumcision, anti-retroviral therapy, and treatment for TB and sexually transmitted infections. A social and behavior change communication (SBCC) strategy has been developed for all sectors targeted by the project and an HIV workplace program is implemented in each partner enterprise taking into account the gender and age of the workforce targeted. The ILO/USDOL partnership contributes to a coordinated and comprehensive approach to sexual prevention using social and behavioral change communication, which is a key intervention area of the PEPFAR Swaziland's Partnership Framework. This public-private partnership enables companies, and the surrounding communities, to address the epidemic at a grass roots level through prevention and the reduction of stigma and discrimination. The project will allow enterprises to continue receiving technical support to develop their HIV workplace policy, SBCC strategy and training activities.

Baseline data have been collected for each target sector. An impact assessment will be conducted to ascertain improved knowledge, change of attitudes and risk behaviors among the workers targeted in enterprises where behavior changes strategies have been fully implemented. Qualitative and qualitative baseline data will be collected to inform the development of the behavior change strategies to assess the impact of the interventions. One M & E officer will be recruited to oversee the baseline and impact data collection and will help the partner enterprises in refining their monitoring system. (I thought ILO already had an M&E officer) Specific tools will be developed to document better referral made to HTC facilities taking into account confidentially imperatives of particular importance in workplace settings.

Strategies to enhance sustainability have also been put in place. Key members of employers and workers' organization as well as labor inspectors will continue to receive training with the objective of integrating HIV in their on-going activities. These are designed to promote replication to a greater number of enterprises/workplaces over time

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Workplace Programs

Budget Code Information

Mechanism ID:	**10621**
Mechanism Name:	**HIV/AIDS in the workplace**
Prime Partner Name:	**International Labor Organization**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	70,000	

Narrative:

To support strategic information, ILO/USDOL will accomplish the following:

• Recruit M & E officer

• Conduct an impact survey in partner enterprises that have been implementing the project for more than three years.

• Conduct a baseline survey and formative assessment in new workplaces.

• Revise performance monitoring plan to be in line with new indicators.

• Develop new M&E tools and provide technical support to partner enterprises to refine their M&E systems

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	40,000	

Narrative:

The DOL/ILO project will continue to support the enforcement of the multisectoral HIV/AIDS National Policy, which has now been approved by Parliament. This will include the development of HIV/AIDS workplace guidelines to support Ministry of Enterprise & Employment, Department of Labor, the Federation of Swaziland Employers & Chamber of Commerce, the Swaziland Federation of Trade Unions, the Swaziland Federation of Labor as well as all other Project Advisory Board (PAB) members in the implementation of the national policy. Activities will include: training of labor inspectors; establishing HIV/AIDS committees in new partner workplaces to coordinate the HIV responses and mainstream HIV in current activities of the workplaces (workplace health facilities, occupational safety and health structures): providing technical assistance to the HIV/AIDS workplace committees for the development of HIV/AIDS

workplace policies in line with the ILO Code of Practice on HIV/AIDS and the World of Work; reviewing existing HIV/AIDS workplace policies at the enterprises and national level in light of the adoption of the new labor standard on HIV/AIDS and the World of Work in June 2010; and monitoring and evaluating the implementation of the workplace policies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	90,000	

Narrative:

Under this budget code, ILO/USDOL will conduct/support the following activities:
• Training HIV/AIDS workplace committee members and peer educators from the public sector in the implementation of an SBCC program for the workplace.
• Training of master trainers for peer educators in workplaces from the public sector and private sectors to promote the sustainability of the interventions
• Development of tailor-made SBCC materials for specific target groups of workers taking into account age, gender, attitudes and practices. Dissemination of these materials through the most effective channels for a significant period of time to sustain behavior change.
• Training of government officials and key members of employer and worker organizations in the implementation of SBCC strategies and program and policies to create an enabling environment for behavior change

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	80,000	

Narrative:

For other prevention, ILO/USDOL will conduct/support the following activities
• Training of peer educators in condom promotion and distribution
• Training of master trainers for peer educators in workplaces from the public sector and private sectors to promote the sustainability of the interventions
• Development of tailor-made SBCC materials for specific target groups of workers taking into account age, gender, attitudes and risk behavior (transactional sexual relationships, use of alcohol). Disseminate these materials through the most effective channels during a significant period of time to sustain behavior change.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10623	Mechanism Name: Counselling and Testing
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 530,000	
Funding Source	**Funding Amount**
GHCS (State)	530,000

Sub Partner Name(s)

HAS	The AIDS Information and Support Centre Swaziland	

Overview Narrative

URC is an implementing partner for PEPFAR Swaziland in three separate but complementary areas, HVTB, HLAB and HVCT. The HVTB component supports Partnership Framework efforts to improve the management of TB/HIV co-infection and facilitate the roll out of a comprehensive HIV-related care package. The HLAB component undertakes broad based efforts to build laboratory capacity in support of health systems strengthening and decentralization. The HVCT component focuses on expanding provider-initiated HTC and is described more fully below.

The overall goal of the URC/CDC-HTC project is to increase utilization of high quality provider initiated HIV testing and counseling services (PIHTC) in order to identify those in need of HIV care and treatment in Swaziland. The project has the following objectives in FY10:

• Strengthening PIHTC in the TB clinical settings thus increase number of TB patients and TB suspects with knowledge of HIV status

• Increase number of inpatients with knowledge of HIV status (TB suspects and non TB suspects) by expanding PIHTC in selected health facilities

• Improve quality of TB/HIV services by increasing integration of TB screening in HIV care setting and communities

• Increase number of household contacts for TB patients who know their HIV status by providing home-based HIV testing

• Provide specific prevention education and counseling based on knowledge of HIV status, including distribution of condoms

The URC/CDC-HTC project activities are aligned to the following Partnership Framework (PF) objectives:
• To increase the percentage of the adult and children population who know their HIV status.
• To strengthen national capacity to lead and manage roll-out of adequate HIV and TB care and treatment services.

From inception in 2006, the URC/CDC-HTC project targeted scaling up of PIHTC for TB patients and suspects in TB clinical settings, expanding from five facilities in the first year to 20 in FY09. In FY10 the project will continue to target TB patients, suspects and members of their households as well as medical inpatients as a priority and inpatients in non-medical wards (e.g. surgical wards) as a secondary priority. Facility-based coverage will include the 22 diagnostic units, Medical wards in 7 hospitals and 79 Peripheral clinics across all four regions of Swaziland.

HCI has a full time M&E officer to support the URC and MOH TB/HIV M&E activities. The M&E officer works closely with national systems to collect, collate, generate, analyze and disseminate data and information from facilities to national and international partners. The M&E officer and the TB/HIV officers provide direct technical assistance to facilities and national M&E staff to assure quality of data reported. Other URC staffs are also involved in assisting health facility staff to record, report and report facility based data during support supervision visits.

The URC/CDC-HTC activity has two cross-cutting budget code allocations for human resources for health and construction/renovation. The URC/CDC HTC project will contribute to strengthening human resources for health by providing resources for recruitment and deployment of eight lay counselors to high volume TB diagnostic health facilities in Swaziland. The project will also continue to support an HTC Technical Officer at SNAP to assist SNAP in HTC coordination and implementation. In terms of renovation/construction, the project will support placement of a prefabricated consultation space and furniture at one diagnostic facility

The URC/CDC-HTC activity addresses the following cross-cutting key issues;

Tuberculosis: With an estimated TB incidence rate of 1,160/100,000 population, Swaziland has the highest per capita burden of HIV related TB in the world. An estimated 80% of TB patients are co-infected with HIV. The URC/CDC-HTC project will focus on increasing HIV Testing and Counseling among TB

suspects, patients and their families, in TB diagnostic units, inpatient facilities and communities.

Increasing gender equity in HIV/AIDS activities and services: In Swaziland, there is gender disparity in the TB and HIV disease burdens. To increase gender equity in TB/HIV/AIDS activities and services to ensure that men and women, girls and boys, have access to HIV and TB testing, counseling, prevention, care and treatment services HTC services will be provided to communities, TB diagnostic units and inpatient facilities.

Military Populations: The URC/CDC HTC project in collaboration with NTP and SNAP will continue to assist the military (USDF and Correctional Services) to implement HTC service delivery. These activities will be implemented in liaison with the US Department of Defense

Workplace Programs: The URC/CDC HTC project will work in partnership with URC-HCI in workplace TB screening and will provide TA in the TB/HIV workplace activities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	30,000
Human Resources for Health	84,000

Key Issues

Military Population
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**10623**
Mechanism Name:	**Counselling and Testing**
Prime Partner Name:	**University Research Corporation, LLC**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	510,000	

Narrative:

The URC/CDC-HTC project will support the following activities:

Policy support and technical assistance
URC in collaboration with other stakeholders will continue to provide technical assistance to MOH/SNAP to streamline policies on: integration of PIHTC in clinical services; finger prick testing (the shift to finger prick testing has been agreed upon in principle by the MOH, but policies have not changed); task shifting for HTC (the current policy discourages lay counselors & testers (non-health workers) in clinical settings); and issues of HIV testing in children. URC will also support policy dialogue workshops at national level to expedite the development of the policy to enable expansion of PIHTC.

Strengthen Multi Disciplinary Teams (MDTs) to integrate PIHTC expansion
These facility teams require a concerted effort from different cadres of health care workers, including clinical, laboratory, counseling and administrative staff as well as local PLWHA associations. The teams will be responsible for developing facility-level strategies for PIHTC expansion in medical wards through integration of HTC with various clinical services. URC will assist teams in the 5 hospitals & 6 health centers in basic skills related to planning and facilitating meetings, communicating effectively and making group decisions. Each facility team will review its HTC performance data (uptake of HTC) on a monthly basis by clinical service area (e.g., percent TB suspects) who were offered HTC; percent HIV+ by clinical service area referred for care and support services; etc).

Scale up PIHTC to TB patients and suspects
In order to increase the quality of care of TB patients, TB patients and suspects will be provided with routine HIV testing and counseling to provide an opportunity for patients to know their HIV status, to receive better diagnosis and to manage the illness. The project will place 8 lay counselors in TB clinics to scale up counseling of TB patients and suspects. URC intends to scale up HTC support from 5 medical wards in FY 09 to 11 wards in FY10 and to 22 TB diagnostic clinics.

Advocacy for space/ Creation Consultation space for TB clinics to promote confidential provider initiated offer of HIV counseling and testing
To address space shortages at some facilities, CDC in partnership with HCI project procured and placed mobile office/containers' at 5 health facilities in FY 08 and FY09. One additional container will be placed at Dvokolwako in Hhohho region for similar purposes.

Training
URC will continue to work with SNAP/MOH to provide training to clinic staff in PIHTC. The training will be provided to the TB diagnostic staff, medical inpatient an outpatient staff and NGO/CBOs involved in

clinical work. The training will mainstream gender and will document and share experiences on a strategy to sustain PI-HTC.

On-the-job mentoring

On the job mentoring will constitute a central part of facilitative supervision and QI approach to HTC in facilities. The URC/CDC- HTC staff working in collaboration with the HCI project, alongside with NTP, SNAP coordinators and other key stakeholders will on a monthly basis visit facilities to ensure adherence to HTC guidelines; implement a systematic process to assure appropriate QI training for staff to reinforce the skills; disseminate information about QI activities to health care providers, clients and decision makers; auditing of client records; URC & NTP/SNAP staff will visit facilities to evaluate various processes including patient's perceptions and satisfaction, provider's observations and interviews will be conducted to measure provider skills, knowledge and perceptions regarding efficiency and effectiveness of support systems. Support supervision visits will be performed using a structured support supervision checklist.

Strengthen routine systematic monitoring and evaluation

URC will continue to work with the SNAP and NTCP M&E units to provide ongoing training and support for improving the paper based recording and reporting systems for PIHTC. Each facility will monitor data on total number of clients who have received PIHTC and HIV results. URC will work with the M & E unit to develop HTC M&E guide and simple summary tools for the facilities. Each focus region will organize data feedback meetings with all participating facilities quarterly to review PIHTC performance data and to identify problems and develop strategies to further expand access to and utilization of HTC services.

Referrals and Linkages

URC will continue to work with the Referrals and Linkages technical working group to finalize national referral tools and minimal health service packages for each level of care.

Increase community awareness about benefits of HIV testing

HTC will assist NTP, SNAP and the Health Education unit to improve its social and behavior change communication (SBCC) program and access to HTC. The project will support 5 communities in two regions to provide individual and small group interpersonal communication to community members on HTC and HIV/TB including HIV prevention and condom education, distribute HTC, HIV/TB IEC materials and condoms to sexually active populations. This activity will be provided through partnership with 2 local NGOs. The peer educators will also mobilize community members for HTC. The project will also support the AIDS day, national HTC month and TB day by conducting three grass root level awareness campaigns and reprinting IEC materials.

Home-based PIHTC
Home-based PIHTC is a relatively new concept in the country. The URC/CDC-HTC project will work in collaboration with the HCI project, MOH (NTP/SNAP), NGOs and CBOs to provide HTC/family-based HTC and TB contact tracing in the home environment. This will be initiated through provision of HTC services to an index TB patient, who when tests positive, will be a starting point for offering HTC to the family members through a community outreach/mobile system in conjunction with trained HTC providers/lay counselors. The project will continue to work with SNAP to finalize the home based PI HTC strategy and standard operating procedures.

Build capacity of the SNAP to lead and manage PIHTC activities
URC will continue to provide capacity building at the national and regional levels. In order to complement the in-country support provided by the URC-HTC, where relevant, support will be provided to the MOH officers for specific training programs in and out of the country. URC/ CDC-HTC staff and government counterparts will also be offered opportunities to participate in international conferences to present papers and to learn from successful programs.

Commodities support for rapid HIV testing kits and sharps disposal:
Recently, the country has had frequent stock outs of HIV rapid testing kits and this has affected HIV testing in TB clinical care settings. With expanding testing to include TB suspects and home based testing, the HTC project will work with the national laboratory services, SNAP and NTP to ensure uninterrupted supply of HIV test kits and training of health care workers on projection, quantification and rational management of HIV test kits. Should need arise, the project will procure limited quantities of test kits to bridge gaps in supply. HTC will also procure sharp boxes to ensure safe disposal of sharps related to HIV testing and administration of injections for anti-TB drugs in TB clinical care settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	20,000	

Narrative:

According to the "modeling of HIV report", in 2007, a total of 12.3 million condoms left the central stores and depots for distribution, leading to a theoretical condom number per adult of 29 in 2007. In 2008, URC collaborated with the Swaziland National AIDS Programme (SNAP) and the Swaziland National Tuberculosis Control Programme (NTP) to increase the HIV prevention in TB clinical settings in the country's health care facilities by promoting condom distribution and consistent and correct condom use. There was an effort also to promote risk perception changes in the "low risk" population reporting regular partnerships, that there is a potential for large numbers of new infections due to non-use of condoms in "low risk" encounters.. This drive was directed at synergizing prevention efforts towards TB patients and

suspects to reduce missed opportunities for HIV prevention, treatment, care and support and further reduce spread of HIV in the country. URC CDC-HTC project expanded access to condoms through the involvement of CBOs/NGOs involved in TB/HIV services and improved capability and skills of health workers/ peers to promote consistent and correct condom use.
In FY10, the project will continue to scale up condom promotion activities that will target: TB patients and families; TB suspects and families and Communities. Within the communities prevention services will also target the youth, persons engaged in transactional sexual partnerships through the following activities:
• Conduct HTC and HIV/TB education sessions to individuals and groups in their communities including HIV prevention and condom education.
• Distribute male and female condoms to sexually active populations within their communities
• Distribute HTC and HIV/TB IEC materials and provide interpersonal communication to community members
• Mobilize community members for HIV testing and counseling
• Conduct home visits and provide psychosocial support & Directly Observed Treatment to HIV and TB clients.
• Conduct TB screening using symptom screening questionnaire for households contacts and refer appropriately
• Make referrals as appropriate for testing and HIV/AID care

Geographic coverage:
Manzini in the communities of Nkamanzi and Ekudzeni, Ngculwini and Timbutini and in Lumbobo in the communities of Siphophoneni and two other communities

In order to promote quality for this activity, standard operating procedures will be implemented at health care facilities and community for quantification of condom needs to ensure uninterrupted supplies, storage and distribution. The following performance indicators will be monitored during supportive supervisions:
• Number of condoms distributed by Community based peer educators
• Number of individuals reached through community outreach to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful i.e. male circumcision, PMTCT, Blood prevention etc.
• Number of patients referred
• Number of IEC materials distributed

The sources of data will include
• Monthly reports from CBPEs

• HTC monthly register • Monthly diaries for the number of condoms distributed The URC HTC officers and supervisors from the community based organizations will provide regular supportive supervision for condom distribution activities

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10694	**Mechanism Name: MOH Capacity Building**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health and Social Welfare, Swaziland	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The capacity to deliver quality services in Swaziland is constrained by a number of interlinked factors, including the need for strengthened management, planning, monitoring and evaluation capacity, greater accountability and improved coordination. Additionally, although efforts are underway to decentralize the health system, the roles and functions of the different levels of the system are not yet clearly defined while necessary reorientation and capacity building are not yet being implemented. To be effective therefore, the health system at the national, regional, inkundla (district), community and facility levels will require increased and improved technical and managerial capacity in order to cope with the new and additional responsibilities that will come with the health sector reforms and decentralization.

Under the Partnership Framework and in line with the PEPFAR long-term strategic objective of building capacity of the public sector to coordinate, manage and fund its own HIV/AIDS response, this mechanism establishes a direct funding relationship between PEPFAR and the GKOS. It is anticipated that being an implementing partner for this mechanism will benefit the MOH not just though program outputs but also by strengthening its capacity around coordination, oversight and cooperative agreement management.

Efforts of the MOH under this cooperative agreement will be directed at building capacity for the following strategic priority areas: laboratory capacity and infrastructure, strategic information, and system strengthening, planning and policy development. While activities under this service delivery area are intended to specifically improve the management and delivery of HIV/AIDS and TB services, capacity of targeted health systems will have broad-based effects on improving service delivery throughout the health sector.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10694**		
Mechanism Name:	**MOH Capacity Building**		
Prime Partner Name:	**Ministry of Health and Social Welfare, Swaziland**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	200,000	
Narrative:			
Swaziland's MOH has a new Strategic Information (SI) Department, comprised of HMIS, M&E, and Epidemiology sections and having statutory responsibility for managing all health and health service data for the country. However, due to capacity constraints, the SI department is often unable to meet the informational needs of the MOH in terms of high quality information products. Poor coordination has led to redundancy in data systems and overburdening of peripheral staff who are charged with collection and			

processing of information. The consequence of these twin "storms" (low capacity and inefficient/redundant systems) is that reports are often incomplete, late, and of generally low quality.
A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on the determinants of health, health system performance and health status. Actions to strengthen the health information system will include:
• Strengthening personnel skills and procedures
• Acquiring appropriate equipment to facilitate or improve the generation of data;
• Strengthening capacity of regional level in compiling, analyzing or synthesizing health data into strategic information.
• Strengthening analytical skills and in-depth data utilization for program improvement, with special focus on:
o ART cohorts
o Sexual Behavioral (HIV prevention)
o Male circumcision
• Improving the quality and completeness of data
• Strengthening of the overall management of SI activities, including SI planning and budgeting.

The Cooperative agreement specifically targets MOH institutional capacity and thereby supports the Partnership Framework pillar concerned with human and institutional capacity building. At the same time, the other four service delivery pillars are given support though improved health systems and higher quality, more timely information for decision making.

The MOH in collaboration with PEPFAR/CDC will build a project management and M&E functionality within the Project Management Unit (PMU) of the MOH which will track key objectives and outputs under the MOH-PEPFAR Cooperative Agreement including:

• Increase strategic training outputs
• Enhancing the SI budgeting and planning process
• Improved timeliness and completeness of national HMIS data,
• Enhancing availability of SI products for decision-making

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	

Narrative:

The main functions of the MOH at the national level include policy formulation, standards and quality assurance; programming and planning; resource mobilization and allocation; capacity development and

technical support to the lower levels of the system; provision of public health services, such as epidemic control, co-ordination of health services; monitoring and evaluation of the overall sector performance. Appropriate capacity building measures will be undertaken to strengthen corporate governance and management procedures, practices and systems in order to engender institutional growth, efficiency, cost-effectiveness, responsiveness and sustainability.

The purpose of the MOH decentralization program is to facilitate equitable, timely, efficient and cost-effective management of the health system and delivery of health services. Specifically, it is the aim of decentralization program to devolve authority and responsibility in the implementation, management, coordination, monitoring and evaluation of health services.
A key strategy to support and accelerate effective decentralized service delivery is to develop essential planning skills at regional planning units. For this to happen, the MOH's planning unit will itself need to be strengthened in a sustainable way.

Functionally, while the central MOH will seek to empower the regional and the other decentralized structures to function autonomously, the MOH will effectively relate to the regions in executing their roles by:

• Developing service standards and guidelines for service delivery and management
• Ensuring that the annual planning and budgeting cycle is strictly implemented by providing Health Policy and Planning Department's technical support to the regions as requested
• Conducting pre-planned quarterly support supervision
• Coordinating and providing support in matters of epidemic and disaster prevention, preparedness and management;

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	200,000	

Narrative:

All laboratory testing, including rapid/simple testing for HIV consists of a series of processes and procedures that must be carried out correctly in order to obtain accurate results. An approach that monitors all parts of the testing system is needed to ensure the quality of the overall process, to detect and reduce errors, to improve consistency between testing sites, and to help contain costs. This approach to laboratory quality, called a quality system, is defined as the organizational structure, resources, processes, and procedures needed to implement quality management of the laboratory or testing site. This component of the MOH Cooperative Agreement will focus on strengthening the quality system for laboratory services. During FY10, the MOH through the national laboratory will establish a

national quality system for HIV testing. This will include a national office for laboratory quality management, identification of a national quality officer or manager.

In FY11 in order to extend the quality system to all aspects of testing practices and to avoid vertical decisions and assessments the national laboratory will develop an overall, country-wide plan for the management of HIV rapid testing, including the introduction of proficiency testing and on site supervision and mentoring. Monitoring processes will be established to identify problems and solutions to the problems to ensure that the system is working efficiently. Scheduling of training programs to coincide with national program implementation, budgeting for supplies, kits, printing of training materials, etc will also form part of the plan. Protocols for Preparing HIV Positive Quality Control Materials and instructions for making a supply of HIV positive samples at a desired reactivity level to be used as a daily control, or as part of a proficiency testing panel will also be developed.

On the job mentoring will constitute a central part of facilitative supervision and QA approach to in the laboratories. The MOH will establish an organizational structure to assure that on-site monitoring occurs in all locations. This will require a sufficient number of staff who has been trained to conduct the monitoring. Visits will be conducted at least twice yearly to established sites with experienced personnel. New sites or sites with new staff will be visited at least quarterly. In sites with demonstrated problems, the number of visits will be increased in order to provide training and technical assistance. The findings from each site visit will be recorded according to the national policy, and the findings should be reviewed and corrective action taken when required. A report and the completed checklist will be submitted to the relevant authorities for review and corrective action if needed.

In COP 10 PEPFAR will fund activities to ensure accessibility of laboratory services throughout the country especially amongst the rural population. It will address specifically the areas of TB diagnostics, HIV testing and CD4 enumeration. Emphasis will be placed on developing a system that will ensure timely delivery of comprehensive quality laboratory services that are effective, efficient, accessible and affordable to all.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10695	**Mechanism Name: ICAP/UTAP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 160,000	
Funding Source	**Funding Amount**
GHCS (State)	160,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

For COP 10, ICAP's goal is to work closely with the Swaziland Ministry of Health (MOH) at the national, regional and site level to support the strengthening of systems, programs, facilities, healthcare workers and the respective communities to offer quality adult and pediatric HIV care and treatment services with an integrated family-centered approach to people living with HIV and AIDS (PLWHA). This will focus on decentralizing HIV treatment services, initiating HIV care services on the primary care level and better linking the community to the facility. Ultimately, ICAP will shift many of its current activities (re: technical leadership, clinical mentoring and supervision, community systems) to local governmental and non-governmental responsibility and ownership.

In COP 10, ICAP is funded under three mechanisms: CDC-care/treatment service provision cooperative agreement, CDC-technical assistance for Strategic Information use (UTAP) and HRSA - building capacity to support nurses training. This narrative applies to activities under UTAP funding.

ICAP's goals support and contribute directly to the principle goals of the GOKS-PEPFAR Partnership Framework (PF): " to decentralize and improve the quality of treatment services within a CCP in order to increase access and improve outcomes for PLWHA". The ICAP program provides substantial support to the whole national program in the areas of policy, planning, information systems, laboratory, pharmaceutical management/supply.

An ICAP M&E unit was established in January 2009. This new team has worked hard to forge a good working relationship with key MOH stakeholders in monitoring and evaluation of HIV/AIDS care and treatment. M&E staff will continue to provide technical support to all ICAP-supported facilities and participate in relevant technical working groups at the national level. The M&E unit is supported by

Monitoring, Evaluation and Research department at ICAP headquarters New York (MER-NY). This technical support ensures that ICAP's global wealth of experience is shared with the ICAP-Swaziland M&E staff to ensure compliance to programmatic and funding partners reporting requirements.

The overarching goal of the M&E unit of ICAP-Swaziland program implementation is to develop and conduct high-quality, timely, and sustainable monitoring and evaluation of ICAP supported activities for program evaluation and improvement. This is a collaborative effort, with local, national, and international partners to routinely collect, analyze, and disseminate data to assess program quality, as well as program impact within the Kingdom. In Swaziland, ICAP will implement the nationally approved monitoring and evaluation system and tools. ICAP participates in PEPFAR and national committees to review and revise M&E tools.

An M&E expert joined ICAP in January 2009 as the Program Monitoring Director and head of the M&E unit. He is assisted by three data officers who also joined ICAP in January and May 2009 and a fourth officer who joined in late 2009.

All ART sites have an electronic medical record systems (developed by MSH for the MOH called RX Solution Program Monitoring System) that captures and manages patient level data. At each main care and treatment site, data clerks maintain the PMS, perform routine data quality checks, monitor patients on ART, produce monthly reports on hard copy and send (both electronically and on hard copy) to MOH headquarters through the regional health offices. ART sites' monthly reports are aggregated at the central level and distributed to partners-including ICAP.

The lack of national requirement to routinely report on HIV care indicators represents a major handicap in monitoring HIV services. With MOH approval, ICAP has assisted nine main care and treatment sites to use the Pre-ART registers, and has developed a routine monthly report tools for key care indicators. ICAP is currently piloting this new tool with the main objective to adapt it as a national care monthly reporting form. The findings will be discussed with MOH in October 2009.

Each site sends hard copy monthly reports to the national M&E headquarters. Then the national M&E unit shares hard copies with implementers. As a consequence, there are long delays in data transmission and dissemination. ICAP will provide technical support to strengthen the national M&E system for HIV/AIDS at all assisted sites. ICAP will also work with other PEPFAR partners in assisting the national M&E leadership to develop standard operating procedures, conduct routine data quality assurance at care and treatment sites, and develop analysis approaches to track key treatment outcome measures.

Lastly, ICAP M&E in collaboration with the PEPFAR team, will support the development of CCP cost–

effectiveness analysis capacity at the MOH. As national ART guidelines move in the direction of improved quality of care, integrated services, and change in CD4+ threshold (<350), it is important that PEPFAR and partners assist the MOH in raising awareness regarding the cost-coverage implications of policy change. Routine analysis of cost parameters in relation to coverage and quality are key to enhanced planning and implementation of sustainable service delivery models.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10695**
Mechanism Name:	**ICAP/UTAP**
Prime Partner Name:	**International Center for AIDS Care and Treatment Programs, Columbia University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	160,000	

Narrative:

ICAP will continue to work with the MOH to improve its program data and thereby evaluate programmatic interventions, to measure effectiveness and to determine the most efficacious programming around HIV care and treatment. ICAP will provide TA to the MOH and other stakeholder groups (through a data analysis work group) to provide analysis of data for program improvement. ICAP will draw on its extensive experience in providing similar TA in other countries, and will explore the possibility of adapting proven tools and approaches such as a workshop on data for decision making for health officials and providers and working with the MOH to introduce site level tools such as the Standards of Care, which encourages providers to use program data to improve the quality of clinical care. ICAP will also explore with the MOHy use of the Program and Facility Characteristics Tracking System PFaCTs tool – which mirrors many of the key elements of the Service Availability Mapping (SAM) – but can be updated more frequently and easily and makes data more accessible on a web based system to all authorized users.

PFaCTS is a standardized tool across all ICAP countries that captures several key aspects of ICAP's programming and implementation activities are not captured by routine M&E indicators, such as information on staffing, presence of an active outreach/defaulter tracing program, availability of laboratory assays, entry points and linkages, etc.

Specific data analyses supported will include;
• Proportion of patients tested positive and received CD4 results (eligible for ART) are initiated on HAART
• Of those enrolled on ART but not currently on ART, what proportion died, stopped therapy, transferred out of system (define system), and otherwise lost to follow up
• Of those on ART, what is the median differential between the CD4+ cell count/CD4% at baseline and CD4+ cell count/CD4% at 6, 12, and 24 months
• Of those enrolled in care (by whether on ART), what proportion is in care and/or on ART at 12, 24, 36 months (NOTE: feasibility depends on whether/how pre-ART/other service data are linked into data system).
• Median changes in CD4 at initiation for patients enrolled in pre-ART programs, versus those who were not enrolled
• Six, 12 and 24 months treatment outcomes among patients initiated on ART
• Analysis of patient loss to follow up and deaths, including rigorous analysis of cause of death among a subset of patients
• Documenting quality improvement processes and how they affect program implementation
• The impact of decentralization on patient flow at primary care facilities
• Socio-demographic, clinical and biological characteristics of patients initiating ART
• Patient tracking systems – efficacy of cell phone systems.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10701	**Mechanism Name: HPI/Futures**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Futures Group, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000

Funding Source	Funding Amount
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HPI/Futures Group became an MC partner in Swaziland during FY08. Activities to date have included the secondment of an MC Coordinator to the MOH and initial costing exercises. Prior to their in-country presence, HPI completed a multi-country study to estimate the cost and impact of male circumcision in Swaziland, Lesotho and Zambia. Based on this 2007 study, MC was determined to be cost effective especially with rapid scale up and incorporated into the broader health package. With this evidence, Swaziland developed a plan for nationwide scale up that is now being implemented.

Within the Partnership Framework and the NSF, the GKOS and the USG established a goal of circumcising 80 per cent of 15-24 year old males within the next five years. PEPFAR through HPI seconded an MC Coordinator to the MOH to provide leadership and coordination of MC partners through the MC Task Force and to coordinate with other MC activity donors including Bill and Melinda Gates Foundation (BMGF) and technical advisors within WHO and UNICEF.

As HPI will continue to support the country-wide scale up of MC services, geographic coverage of this activity is national with a priority target of 15-24 males.

This activity will build the capacity of the Task Force to provide technical leadership on the scale up of MC services and in conducting costing studies. As local capacity is developed, less external support should be needed and lessons learned can be translated to other HIV prevention, care, and treatment areas.

This activity includes 'addressing male norms and behaviors' as a cross cutting key issue.

The MC coordinator will oversee the routine data M&E of the MOH related to MC indicators to ensure better tracking of service provision and adverse events.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10701**
Mechanism Name:	**HPI/Futures**
Prime Partner Name:	**Futures Group, South Africa**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	200,000	

Narrative:

Activities supported by HPI/Futures Group contribute to GKOS ownership and advancement of national scale up under the PF MC pillar. Specific activities include:

1. Support the MC Coordinator's secondment to the MOH and associated office costs.
2. Assist the finalization, launch and coordination of the national MC scale up plan, including but not limited to: the MC policy, national task shifting guidance, clinical and behavioral protocols, and a coordinated approach to MC research in country.
3. Support MC costing exercises as requested by the national MC task force.
4. Conduct desk review and secondary data analysis—supplemented with primary data collection through key informant interviews —to understand the policy, operational, and financing issues affecting access to MC services in the private sector.
5. Coordinate information sharing both within Swaziland, the region and globally through list serves and use of the malecircumcision.org website.

The MC Coordinator will lead the Task Force in conducting key informant interviews with healthcare providers, government officers, representatives of donors and nongovernmental organizations, and traditional leaders to better understand existing demand-side financing mechanisms. HPI will actively engage the private sector in problem identification, barrier analysis and identifying potential implementation strategies to expand coverage of MC. Two data collection instruments will be designed: one for service providers and one for policymakers and stakeholders. Extensive notes of focus groups and interviews will be made so that themes can be readily identified.

Task Force members will review and update the existing data and with the support of HPI, conduct a cost analysis. Financing schemes from the region will be incorporated into the revised cost analysis tool. Results from this analysis will be used in forming recommendations for including the private sector in expanding MC services in Swaziland. Key will be identifying the gap that can be filled by the private sector and offering recommendations for easy implementation within Swaziland.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10703	**Mechanism Name: Strengthening Pharmaceutical Services**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (USAID)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overarching goal of the MSH activity in Swaziland is to strengthen national pharmaceutical services and supportive health systems in order to improve the delivery of high quality treatment and care services to PLWHA. Support is provided at three levels: strengthening health worker capacity to support the ART program, supporting ART commodity procurement, and monitoring ART commodities and patient care. This activity is crucial to the success of both the NSF and Partnership Framework in terms of efforts to decentralize quality care and treatment services and to build capacity for improved response management.

MSH supports the ART program at the national level, in 26 facilities, 13 laboratories and 20 TB diagnostic

facilities across the country. With decentralization, another 40 primary health care sites will be phased in for support. Target populations include national program staff, and public doctors, nurses, pharmacists, pharmacy technicians and other healthcare workers.

To ensure a cost effective program, this activity will build on existing systems, use whenever feasible local and regional expertise and leverage resources from other sources (e.g., Global Fund).

TB and Malaria as health wraparounds are cross cutting key issues for this activity. MSH provides technical assistance and support to the national TB and malaria programs in terms of supply chain management, ensuring the availability of drugs and proper inventory management.

MSH/SPS has its own internal M&E system to track progress towards project objectives. Using the results framework, the outcome and output indicators listed for each activity are measured each quarter to ascertain progress towards targets and goals. Specific monitoring guidelines and reporting requirements will be developed to monitor the impact of MSH/SPS activities in Swaziland on the achievement of national HIV and AIDS treatment targets. A full time regional M&E Officer will provide support to the MSH office in Swaziland.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000

Key Issues

Malaria (PMI)
TB

Budget Code Information

Mechanism ID:	**10703**
Mechanism Name:	**Strengthening Pharmaceutical Services**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	100,000	

Narrative:

MSH/SPS will increase the capacity of health facilities to deliver quality responsive pharmaceutical services thereby improving access to medicines and other commodities.
This will involve:

• Strengthening the capacity of pharmacy personnel to support patients
• Promoting the use of standardized approaches for quantification of medicines required for treatment of Opportunistic Infections (OIs) and other essential related commodities.
• Training health care workers to capture patient clinical data on OIs and the procurement and dispensing of related medicines and commodities through the implementation of the patient management information systems (RxPMS)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	100,000	

Narrative:

MSH/SPS will continue to conduct workshops for pharmacists, pharmacist's assistants and nurses. This training includes update to health staff on recommended ART regimen(s) and the associated clinical pharmacology (e.g. medicine of choice, adverse-drug-event while on ART).
At all levels, training will be followed by on-site mentorship and monitoring visits. For COP 010, the focus will be at the primary healthcare (PHC) level workers, as ART services are expected to be expanded to that level.

MSH/SPS in collaboration with the MOH has reviewed and updated their computerized patient management information system (RxPMS) to optimize patient clinical data capturing in order to provide critical strategic information to support the M&E component of the National ART program. RxPMS will be deployed at PHC sites and staff will be trained.

MSH/SPS will continue to carry out theses activities to support this program area:

Training of pharmacists, pharmacy technicians and other key personnel involved in the provision of pharmaceutical services at all levels. The training programs covers best drug supply management practices (e.g. assessing reorder level, optimized inventory management) and rational drug use with focus and will include sessions specific to the management of HIV and AIDS (e.g. adherence monitoring, counseling, adverse drug event monitoring). This will include pharmacy staff from public, private and mission hospitals.

Supporting RxPMS and RxSolution system upgrade, on-site training and follow-up support visits, development of new management reports. SPS will also train health workers on improving patient management and monitoring through the use of the system at the facility and national level. In FY10 the training will focus on strengthening health facility staff capacity to analyze and use the data generated by RxPMS and RxSolution to support the decision making process. Additional public and private sites are expected to use the system.

Supporting the implementation of the Adherence to ART monitoring tool to assist pharmacy personnel to develop an adherence improvement plan tailored to patient needs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	

Narrative:

MSH/SPS will increase the capacity of health facilities to deliver quality responsive pediatric pharmaceutical services as to improve access to medicines and other commodities. This will involve:

• Strengthening the capacity of pharmacy personnel to support patients from the Pediatric Care and Support programs
• Promoting the use of standardized approaches for quantification of medicines required for treatment of Opportunistic Infections (OIs) and other essential related commodities.
• Training health care workers to capture patient clinical data on OIs and the procurement and dispensing of related medicines and commodities through the implementation of the patient management information systems (RxPMS)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	50,000	

Narrative:

The support provided by MSH/SPS under adult treatment covers also pediatric patients; however, below is outlined specific aspects of the support tailored to pediatric patient care.

• Train health workers on drug supply management and HIV/AIDS management, including specific modules on pediatric treatment.

• Implement integrated patient management and dispensing system (RxPMS and RxSolution):

• MSH/SPS systems that accommodate patients of all ages. Separate reports for pediatric patients will be developed and generated.

• Provide technical assistance to facility-based HIV/AIDS programs on the planning and implementation of surveillance activities in this area of pharmacovigilance. SPS will support focused surveillance activities and operational research relating to key pediatric drug safety issues through collaboration with other USG and non-USG funded partners

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	100,000	

Narrative:

MSH/SPS will continue to provide support to the management of laboratory reagents and equipments for the National Clinical Laboratory Services (NCLS) as follows:

• Support the implementation of the laboratory supplies management information system to assist with the monitoring of procurement, storage and distributions activities at the National Laboratory Store.

• Support the NCLS with the Tender of lab reagents (review of tender list, quantification, costing, tender adjudication and supplier performance monitoring).

• Work with the NCLS and all facilities to monitor the availability, stock levels and use of all laboratory commodities on a monthly basis. This includes the monitoring of performance indicators.

• Train laboratory personnel involved in the provision of laboratory services at all levels. The training programs covers best inventory management practices (e.g. assessing reorder level, optimized inventory management).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	600,000	

Narrative:

Activities will be continued and expanded to support the MOH in the delivery of pharmaceutical services throughout the country at public, private and mission owned health facilities. Specifically, MSH will continue the following activities:

• Supporting the implementation of medicines supply management systems (both manual and computerized) to ensure availability of essential medicines, optimize reorder level, monitor expenditures

and strengthen the accountability of stock at all levels. SPS will also continue to build National and regional counterparts capacity to maintain and support the system.

• Training pharmacists, pharmacy technicians and other key personnel involved in the provision of pharmaceutical services at all levels. The training programs covers best drug supply management practices (e.g. assessing reorder level, optimized inventory management) and rational drug use. This will include pharmacy staff from public, private and mission hospitals.

• Strengthening quantification practices and the monitoring of estimates vs. purchases vs. morbidity data for medicines used for HIV/AIDS, TB, STIs, OIs.

• Strengthening the Swaziland National Medicine Advisory Committee (SNMAC) by working with NDAC to implement a transparent and efficient tender system and to ensure access to cost-effective product of the highest quality from reliable suppliers. This also includes the promotion of the implementation of the Essential Medicines list.

• Working with the CMS and all facilities to monitor the availability, stock levels and use of all ARVs and TB medicines on a monthly basis. This includes the monitoring of performance indicators.

• Supporting the CMS and peripheral service and drug storage sites with the upgrade of their computerized system and providing technical assistance in the following areas:
? Quantification (including drug monitoring of estimates vs. purchases)
? Supplier performance monitoring
? Inventory management
? Distribution and logistics
? Data management for decision making
? Product Quality Assurance

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10822	**Mechanism Name: ICAP/HRSA**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement

Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 220,000	
Funding Source	**Funding Amount**
GHCS (State)	220,000

Sub Partner Name(s)

Swaziland Nursing Council		

Overview Narrative

For COP 10, ICAP's goal is to work closely with the Swaziland Ministry of Health (MOH) at the national, regional and site level to support the strengthening of systems, programs, facilities, healthcare workers and the respective communities to offer quality adult and pediatric HIV care and treatment services with an integrated family-centered approach to people living with HIV and AIDS (PLWHA). This will focus on decentralizing HIV treatment services, initiating HIV care services on the primary care level and better linking the community to the facility. Ultimately, ICAP will shift many of its current activities (re: technical leadership, clinical mentoring and supervision, community systems) to local governmental and non-governmental responsibility and ownership.

In COP 10, ICAP is funded under three mechanisms: CDC-care/treatment service provision cooperative agreement, CDC-technical assistance for Strategic Information use (UTAP) and HRSA - building capacity to support nurses training. This narrative applies to activities under the HRSA funding.

ICAP's goals support and contribute directly to the principle goals of the GOKS-PEPFAR Partnership Framework (PF): " to decentralize and improve the quality of treatment services within a CCP in order to increase access and improve outcomes for PLWHA". ICAP's program also supports the Human and Institutional Capacity Development five-year PF goal by working to Strengthen the HR capacity of the national government, through strengthening pre-service and in-service training for key cadres, and strengthening the capacity of community level workers to deliver HIV-related services.

ICAP's M&E staff will continue to provide technical support to all ICAP-supported facilities and participate in relevant technical working groups at the national level. The M&E unit is supported by Monitoring, Evaluation and Research department at ICAP headquarters New York (MER-NY). This technical support

ensures that ICAP's global wealth of experience is shared with the ICAP-Swaziland M&E staff to ensure compliance to programmatic and funding partners reporting requirements.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10822**
Mechanism Name:	**ICAP/HRSA**
Prime Partner Name:	**International Center for AIDS Care and Treatment Programs, Columbia University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	220,000	

Narrative:

ICAP support will focus on a number of key areas in HSS including: developing a robust mentorship program that links pre-service institutions with facilities and serves to better train and retain health care workers; supporting the Wellness Centre in Manzini as an institution that will serve health care workers throughout the country. This will entail modeling the ICAP Nursing Initiative Center of Excellence program in South Africa to develop a mentorship program in Swaziland that is well integrated into the nursing career path. The mentorship program will focus on improving the quality of graduates from the nursing institutions in the clinical practicum area, and increasing the retention of health care workers in the system by providing them with a point of contact at clinical service, orientation, and career choices. Support will also be provided to the Swaziland Nursing Council and the Nursing Colleges to design a training course for mentors and will support initial roll out of the system. This will be an integral part of the nursing career path in the future so that it is sustainable over time.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10992	**Mechanism Name: MEASURE DHS+**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Macro International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Macro International provides technical assistance projects for health and development related surveys and research. The goal of this activity will be to design and implement a national 2010 AIDS Indicator Survey (name to be decided). This activity supports the strategic information component of the human and institutional capacity development pillar of the Partnership Framework (PF) and the response management thematic area of the NSF. Macro International works with local institutions, specifically the Central Statistical Office, building their capacity for the management of large, complex surveys. The survey will cover the entire national and will generate critical data for monitoring and directing the national HIV response. Cost savings will be achieved by relying on local institutions and human resources for most of the work.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10992		
Mechanism Name:	MEASURE DHS+		
Prime Partner Name:	Macro International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	200,000	

Narrative:

Macro International will work with the Central Statistical Office (CSO) and the MOH to design and implement a national 2010 AIDS Indicator Survey (survey name to decided). The preparatory design work for the survey was to be completed in FY09 but was delayed by other scheduled survey on the work plan of CSO. The requested funds are in additional to the $800,000 requested in FY09. Taken together these funds will fully supported the technical assistance and part of the local costs related to survey conduct. The remaining costs will be borne by the GKOS and other assistance partners.

Outputs include:

1. High quality data to guide program decision-making and to meet reporting requirements in the areas of trends in HIV-risk related sexual behavioral, HIV and reproductive health related service utilization, household and community based impact mitigation, and adult mortality trends.
2. Build capacity in national institutions in the collection and use of high quality survey data. Together with the 2007 SDHS, implementation of the 2010 AIS will strengthen and focus the transference of key SI skills in the measurement and practical utilization of national program outcome and impact information for program improvement.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11673	**Mechanism Name: Umbutfo Swaziland Defense Force (USDF)**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: US Department of Defense	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 438,000	
Funding Source	**Funding Amount**
GHCS (State)	438,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Through the execution of this program with the Umbutfo Swaziland Defence Force (USDF), it is anticipated that there will be reduced HIV incidence, improved care and treatment outcomes, and better quality of life for troops, dependents and civilian staff members as well as a stronger USDF and other uniformed services for sustaining an effective HIV response.

This program directly contributes to the prevention and care and treatment strategies of the National Strategic Framework on HIV/AIDS 2009-2014 (NSF) and the Partnership Framework Implementation plan by expanding comprehensive care and treatment services and combination prevention to the military and other uniformed services. Through combination prevention, the program aims to reduce the rate of new infections among USDF troops and other uniformed services. The Phocweni clinic is the single point of MC services and a referral center for the entire military population. In terms of care and treatment, The USDF will continue to support decentralization of services to all military clinics. This will be achieved by improving HIV testing and counseling, increasing the number of USDF sites providing comprehensive care and treatment services through fixed sites and mobile clinics, and ensuring that the USDF provides quality laboratory services to support clinical care.

Two USDF personnel have been trained in monitoring and evaluation (M&E). This has provided the basis for development of an M&E program within the USDF. With FY2010 funding, the USDF will support M&E activities for HIV/AIDS and TB prevention, care and treatment. Monthly meetings with all implementing and oversight arms of the USDF program will be held to review progress and address barriers to successful programming. Internal quarterly review meetings will be conducted and information shared with external stakeholders. Capacity building for unit focal persons to handle M&E activities will be strengthened. Prevalence and risk indicators will be used to track the impact of the HIV/AIDS program and the need for care and treatment services.

Gender is a cross-cutting key issue for this activity. Approximately 10% of active duty military are female.

One of the critical issues in the USDF is the position of women in the military. Women's HIV risk and gender relations will continue to receive focused attention in peer trainings, leadership communications. Technical assistance will be sought from US Military experts on women in the military regarding curriculum and best practices.

The USDF is in the process of mainstreaming the HIV and AIDS activities in the operations of the military. The future is that these activities form part of the USDF core functions at all levels. This process has begun with mainstreaming activities in all training including recruit training

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Military Population
TB

Budget Code Information

Mechanism ID:	**11673**		
Mechanism Name:	**Umbutfo Swaziland Defense Force (USDF)**		
Prime Partner Name:	**US Department of Defense**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	70,000	
Narrative:			
Continued support for the USDF and SUSAH palliative care programs will address other identified equipment needs for basic care of HIV+ clients and their families, ongoing capacity building of trained, competent health care providers and HBC caregivers, education and support for USDF-SUSAH PLWHA and their families, and expenses for continued technical assistance. PLHWA will provide clinic-based			

support to HIV+ patients, using The Healthy Living curriculum. PLWHA provide counseling to support others living with HIV and their families. To assist with Care and Support initiatives for PLWHA and provide an international community nursing experience for students from California State University San Marcos School of Nursing, students from the University have been coming to Swaziland to learn and practice international community health through clinical experiences in the military, correctional clinics, community-based clinics within the country, and during home visits with voluntary caregivers. To decentralize and improve comprehensive adult care services for USDF, the following activities will be undertaken:

• Training of unit nurses and caregivers to provide palliative care.
• Support two to three duty tours of nursing students from the California State University San Marcos School of Nursing,
• Support USDF garden initiative for better nutrition.
• Strengthen positive living support to SUSAH – treatment literacy training, prevention training – PWP Healthy living curriculum
• Support family support groups
• Provide equipment and supplies

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	53,000	

Narrative:

Currently the USDF provides, on a limited basis, ART initiation and refills of ARVs. The Phocweni Clinic is now certified to initiate patients on ART, with HIV-related care services offered at the including diagnosis and treatment, home-based care management, and referral of clients for palliative and hospice care. ARV service support will include training for nurses and other healthcare providers, and limited provision of equipment and supplies. The USDF seeks to expand provision of ART refills and follow-up care to all the USDF clinics. To further decentralize and improve adult treatment services, PEPFAR will support the activities outlined below:

• Support ART physician for the HIV program
• Train nurses and other healthcare providers with limited provision of equipment and supplies.
• Expand provision of ART refills and follow-up care to all the USDF clinics.
• Support PLHWA to provide clinic-based support to HIV+ patients, using the Healthy Living curriculum.
• Train PLWHA in adherence counseling for HIV positive clients and their families
• Conduct unit-based workshops to provide HIV literacy and support for PLWHA in addressing stigma and discrimination

• Provide support to ensure high retention rate and adherence to treatment.
• Support Institute of Infectious diseases IDI training for unit nurses
• Improve drug storage facility
• Provide ongoing training on data management system

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	40,000	

Narrative:

To increase the percentage of USDF troops and their dependents who know their status, the following activities will be undertaken:

• Train nurses in provider-initiated HIV testing and counseling,
• Train counselors to provide couples counseling
• Increase the percentage of USDF who are offered couples counseling
• Provide Pre ART support to positive clients
• Provide comprehensive service provision for TB to HIV positive clients.
• Procure supplies to support counseling and testing for all units
• Provide refresher training for old counselors to incorporate finger prick

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	70,000	

Narrative:

The USDF places strategic information at the core of its functions. The goal of SI is to improve strategic information so that USDF planning and implementation is based on sound program and epidemiologic data. This will be achieved through supporting a sound reporting system in place to provide regular reports at the operational unit level all the way up to the command office to be used for planning and mid-course correction, through periodic HIV sero-prevalence and behavioral risk information collection, through the collection and use of clinical care information to improve patient outcomes and monitoring of overall USDF health using National Indicators. Strategic information activities planned for the coming year include:

• Collect standardized data from all USDF sites
• Train M&E officers (peer educators, focal persons and adjutants)
• Support monthly and quarterly meetings with all implementing and oversight arms of the USDF program.
• Support external review meetings with stakeholders to share the state of the program

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	30,000	

Narrative:

The goal of HSS is to improve the USDF's infrastructure and human capacity to adequately address HIV/AIDS prevention, care and support, treatment and strategic information. This will be achieved through an improved coordination with National HIV/AIDS bodies such as NERCHA, CCM, MOH, and Ministry of Public Service, improving the internal USDF HIV Program coordination with all components of the USDF addressing HIV/AIDS. The activities that will be supported include: 1. Improving human capacity of USDF troops already in the system to professional level for skills upgrade and specialized training to respond to the HIV/AIDS epidemic including clinical care, prevention, strategic information, and management; 2. Improving physical infrastructure and information technology ; 3. Develop human capacity to support information management systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	15,000	

Narrative:

The USDF has begun its MC activities through the support of PSI for training doctors and nurses to provide MC at the Phocweni clinic facility. The USDF's plan is to have MC provided to all troops requesting it at no cost. Specific activities during the coming year will include:

• Develop an MC strategy for recruits
• Recruit a surgeon to provide MC services to troops at the military clinic.
• Conduct training for nurses in readiness to carry out MC and post surgical care to troops.
• Support study tours and procurement of commodities
• Develop an SBCC strategy including condom promotion
• Provide support for MC IEC materials
• Conduct MC awareness for troops.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	30,000	

Narrative:

Prevention activities to be conducted will build on the peer educator and drama troupe structure in the USDF to promote both AB and other prevention messages. The chaplaincy program for HIV and AIDS, spiritual and psychosocial support has been developed adapted from the CHATSEK program. This will support AB prevention interventions in the USDF and outreach services to the Church Forum.

• Carry out formative work to help develop a women-focused prevention program
• Review of peer education assignments with ongoing support training to have peer educators in all units including women.
• Leadership training on women's rights, equality and sexual harassment. Technical assistance will be sought from US Military experts on women in the military regarding curriculum and best practices.
• Build capacity of the Church forum to implement couples counseling
• Training chaplains to support AB within the military.
• Training of women trainer of trainers will be supported to attend IDI courses in Uganda.
• Printing IEC materials

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	80,000	

Narrative:

Prevention activities to be conducted will build on the peer educator and drama troupe structure in the USDF to promote both AB and other prevention messages. Other prevention activities will include:

• Procurement of cami condoms
• Implement a condom promotion strategy for the USDF,
• Hold sivikela inhloko campaigns at unit level
• Recording of USDF dramas venue support
• IDI training for trainers
• Peer educator workshops for women troops
• Training workshop for adjutants, platoon commanders, sergeants and unit focal persons,
• Refresher course for peer educators,
• Community outreach awareness education
• Unit awareness days for HIV and AIDS
• Support prevention activities through the Commander's cup and other sports.
• Support to the south to south initiative to support SADC militaries for PwP and prevention, treatment and care programs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	50,000	

Narrative:

The USDF is working with the Ministry of Health (MOH) on addressing TB. The University Research Council is providing technical support to the Phocweni clinic. A Memorandum of Understanding has been signed. MOH will provide training and supplies and reagents. TB activities will insure that the USDF is a

qualified TB diagnostic center and an integrated part of the National TB Program. The activities listed below are planned for the coming year:

• Include USDF in all trainings provided by the National TB program
• Extend case finding and TB care to the Corrections Department including prisoners.
• Train HIV counseling and testing providers to include TB case finding
• Train TB healthcare providers to promote and provide HIV counseling and testing
• Train all nurses in TB care issues
• Provide supplies as needed.
• Implement TB infection control measures at the Phocweni clinic and the operational unit clinics in the context of implementing the three I's
• Ensure HIV testing for TB patients as well ART for eligible suspect patients
• Support MDR-TB case finding and TB defaulter tracing: airtime and cell phones.
• Participate in quarterly TB review meetings
• Participate in the World Lung Conference

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11680	**Mechanism Name: Peace Corps Volunteers**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 119,600	
Funding Source	**Funding Amount**
GHCS (State)	119,600

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps/Swaziland's PEPFAR-funded program directly supports the goals of its Community Health

(HIV/AIDS) Education Project, which include improving health behavior of rural Swazis, strengthening the capacity of community-based organizations and strengthening the technical capacity of community-based service providers that serve them. Peace Corps' PEPFAR-funded program aligns with two of the five goals of the PEPFAR Partnership Framework: Sexual Prevention (Abstinence and Be Faithful and Condoms and Other Prevention) and Impact Mitigation for Vulnerable Children. Geographically, volunteers are placed in rural communities in all four regions throughout the country. They live and work in communities where few, if any, other international organizations offer support or services. In response to Swaziland's generalized epidemic, Volunteers' activities target in and out of school young people 15 – 24 years of age and other orphans and vulnerable children, and male and female adults.
Peace Corps/Swaziland's PEPFAR-funded program is monitored by the PEPFAR Technical Coordinator with assistance from two Associate Directors (Health), and one Program Assistant. The Country Director and Associate Director (Administration) provide management and financial oversight. Volunteers and their counterparts receive training in monitoring and evaluation.

Peace Corps/Swaziland's PEPFAR-funded activities relate to the following cross-cutting program areas: 1) Human resources for health (HRH), 2) Education, and 3) Gender: Reducing Violence and Coercion. Volunteers address HRH by collaborating with other partners to provide in-service training for community-based Kagogo Clerks and other NGO/CBO service providers such as Rural Health Motivators, peer educators, and caregivers. Regarding education, Volunteers train peer educators in prevention, teach lifeskills to youth, and train caregivers in psychosocial support techniques. Volunteers also work with community partners to reduce violence and coercion through interpersonal communication and community mobilization aimed at empowering female youth and mothers and promoting men as partners. In addition, Volunteers collaborate with local labor and workplace programs to provide prevention training to employees such as teachers, clerks, and field workers.

Monitoring and evaluation for the Community Health (HIV/AIDS) Education project is lead by two Associate Directors who manage the program. Assistance is provided by the PEPFAR Technical Coordinator and Program Assistant who monitor the VAST program specifically. Data collection is done on a periodic basis (three times per year) for non-funded activities and on a project-by-project basis for funded activities. Periodic data are submitted electronically in Excel and processed using an Access database. Project data are submitted in hard copy and transferred to Excel for storage and tabulation. All data are reviewed on periodic and annual basis to determine the program's progress towards meeting targets. Data are also used to report results to the USG PEPFAR team, to PCHQ, and to local partners. Annually, program staff use the data to determine progress towards our six-year plan and to identify gaps in or opportunities for future work. For example, based upon past years' evaluations, we have identified opportunities to formally expand our work into HKID and HVOP, areas where Volunteers had already begun working informally and without direct support.

The PC program in Swaziland has recently signed a new MOU with the GKOS, reinforcing Swaziland's desire to have Volunteers work throughout the Kingdom on HIV/AIDS and education issues. Volunteers promote sustainability of their efforts through training and collaborating with local partners and community members thereby enriching the capacity of Swazis to promote HIV prevention and impact mitigation efforts.

Peace Corps/Swaziland's approach to cost-effiency is to train Volunteers and their community counterparts to design, implement and evaluate appropriate interventions to meet the needs of their communities and to promote collaboration with each other. In addition, Peace Corps/Swaziland provides small grants to grassroots organizations in communities where health investments are scarce for local HIV prevention and care activities. In the past Peace Corps/Swaziland funded larger and centrally-organized activities (e.g., annual youth conferences and "Walk the Nation), which were more costly, harder to implement, and harder to evaluate than the community-based activities. In FY10, Peace Corps/Swaziland will reduce the number of Peace Corps-directed activities in favor of investing in more small grants for community-initiated activities.

Cross-Cutting Budget Attribution(s)

Education	39,750
Gender: Reducing Violence and Coercion	13,250
Human Resources for Health	66,200

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Workplace Programs

Budget Code Information

Mechanism ID:	**11680**

Mechanism Name:	Peace Corps Volunteers		
Prime Partner Name:	U.S. Peace Corps		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	20,000	

Narrative:

Approximately 56 Volunteers (and their community counterparts who receive PEPFAR-funded pre and in-service training) support service providers and organizations that care for vulnerable children in the underserved rural areas of Swaziland. COP 10 represents the second year that Peace Corps/Swaziland receives HKID funds. Volunteers and their counterparts prioritize community support and coordination, and family/household strengthening by working within existing community-level structures, such as schools, churches, Neighborhood Care Points, KaGogo Social Centres. Activities focus on male and female vulnerable children (<17 years) and their caregivers, and include forming and strengthening psycho-social support groups, conducting health and HIV education, developing life skills, supporting economic strengthening activities among young people, and bringing mobile resources and services to the community. More specifically, Volunteers are training vulnerable children on nutrition, decision making, peer support, forming positive relationships, good study habits, and more. Psychosocial support includes assisting vulnerable children and caregivers with coaching to manage grief and loss, training on stigma reduction, and partnerships with churches and other support organizations to meet spiritual and social needs. On economic strengthening, Volunteers will help beneficiaries to begin or enhance small-income generation activities to support themselves and their support groups, such as production or household cleaning products, crafts, garden produce, or other items which fit the local market.

Peace Corps/Swaziland uses HKID funds for small grants called, Volunteer Activity Support & Training (VAST) to support community-based activities for vulnerable children and their caregivers. Volunteers live in their communties and work closely with their counterpartds for two years. Volunteers and their counterparts receive training in monitoring and evaluation and report results to Peace Corps and local partners. Peace Corps/Swaziland staff oversee the work of the Volunteers, provide technical assistance as needed, and collaborate with other PEPFAR-funded partners to assure the quality of its interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	79,600	

Narrative:

Approximately 56 Peace Corps Volunteers and their community counterparts, who receive PEPFAR-funded pre- and in-service training, implement activities focused on promoting HIV prevention through abstinence and being faithful (AB) in underserved rural areas of Swaziland. Given Swaziland's

generalized epidemic, with multiple concurrent sexual partners as one of the key drivers, these activities target behavior change among male and female youth under age 25, including in- and out-of-school youth, and male and female adults. Volunteers and their counterparts also engage religious leaders and church goers in activities emphasizing faithfulness. Through on-the-job training and more formal programs, Volunteers train community-based service providers on delivering AB messages. Volunteers address gender inequality and male norms by promoting girls' and women's empowerment among the most disenfranchised rural females, as well as promoting men-as-partners among males. Volunteers collaborate with local labor and workplace programs to provide prevention training to employees such as teachers, clerks, and field workers. Volunteers' activities include youth camps, trainings, public-awareness events, school health clubs, and mentoring programs. Volunteers partner with existing services in the schools and the communities to enhance service delivery to the vulnerable children, including through Career Guidance Programs and Kagogo Social Centres.

Peace Corps/Swaziland uses PEPFAR funds for small community-initiated AB-focused activities through a grant program, Volunteer Activity Support & Training (VAST). VAST grants support youth and adult peer educator programs and activities of Rural Health Motivators and other community partners enaged in promoting AB messages. In addition, VAST grants fund activities that address public norms regarding sexual coercion and promoting the role of parents and other protective influences. Activities may include training, seminars, awareness campaigns, camps, or other engagement techniques.

Volunteers live in their communties and work closely with their counterparts for two years. Volunteers and their counterparts receive training in monitoring and evaluation and report results to Peace Corps and local partners. Peace Corps/Swaziland staff oversee the work of the Volunteers, provide technical assistance as needed, and collaborate with other PEPFAR-funded partners to assure the quality of supported interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	20,000	

Narrative:

COP 10 represents the first year that Peace Corps/Swaziland will receive HVOP funds. Swaziland has a generalized epidemic where a key driver is multiple concurrent sexual partners. Approximately 56 Peace Corps Volunteers and their community counterparts, who will receive PEPFAR-funded pre- and in-service training, will implement HIV prevention activities focused on promoting the use of condoms and other prevention (C/OP) in the underserved rural areas of Swaziland. Volunteers and their community counterparts will promote behavior change, emphasizing the correct and consistent use of condoms and STI management among males and females ages 15-24 years. These activities will support other

PEPFAR-partners' promotion of male circumcision. Volunteers address gender inequality and male norms by promoting girls' and women's empowerment among the most disenfranchised rural females, as well as promoting men-as-partners among males. Activities for both males and females will include one-on-one mentoring, small group trainings, public-awareness events, and materials distribution. Venues to reach these audiences include Kagogo Social Centres, clinics, churches, local shops, youth centres, factories and other places of employment.

Peace Corps/Swaziland will use PEPFAR funds for small community-initiated C/OP-focused activities through a grant program called, Volunteer Activity Support & Training (VAST). VAST grants support peer educator programs and activities of Rural Health Motivators and other community partners enaged in promoting C/OP messages. In addition, VAST grants fund activities that address public norms regarding sexual coercion and promoting the role of parents and other protective influences. Activities could include public demonstrations or awareness campaigns, small training events, one-on-one teaching, or other meaningful techniques to engage the audience.

Volunteers live in their communties and work closely with their counterparts for two years. Volunteers and their counterparts receive training in monitoring and evaluation and report results to Peace Corps and local partners. Peace Corps/Swaziland staff oversee the work of the Volunteers, provide technical assistance as needed, and collaborate with other PEPFAR-funded partners to assure the quality of supported interventions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11801	**Mechanism Name: C- Change**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 480,000	
Funding Source	**Funding Amount**
GHCS (USAID)	480,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

C-Change seeks to contribute to the prevention of new HIV infections through the implementation of combination prevention in one of Swaziland's four administrative districts and to expand access to essential prevention services and commodities for chiefdoms in three community councils in the target region.

C-Change has supported the completion of Swaziland's strategy for social and behavior change communication (SBCC) for prevention, helped to strengthen the National Emergency Response Council on HIV/AIDS's (NERCHA) role as coordinator of the national response and has built the capacity of response agencies to integrate evidence-based, community informed planning in the design and implementation of prevention interventions. The lessons from these experiences would be brought to bear on C-Change's expanded efforts proposed for Swaziland, enabling faster start up and surer steps towards preventing new HIV infections. C-Change will contribute to the reduction in HIV incidence through:

1. strengthening of community service structures in one administrative region to integrate evidence-based, community-informed SBCC activities for HIV prevention
2. expanding access to essential prevention services and commodities in one urban and two rural councils within the same region
3. supporting the National Prevention Technical Working Group (TWG) to ensure that leadership of prevention efforts are well-coordinated

This intervention is linked to the sexual prevention objective in the Partnership Framework and intervention area ?coordinated and comprehensive approach to sexual prevention using social and behavioral change communication. It targets one of Swaziland's four administrative districts, covering 15-30 Chiefdoms. The program aims to reach 14,060 individuals aged 10 and older through a mix of SBCC approaches.

Gender is a cross-cutting issue for this activity, and gender analysis and gender equity promotion are integrated into all areas of programming. From abstinence to MCP reduction, gender differentiated messaging and possibly varied vehicles and venues may be required to reach the same behavioral objectives for females and males.

Women's Legal Rights: activities for building awareness of rights and protection of girls and young women against sexual abuse are integrated in activities to promote abstinence and in the training of CBOs, FBOs

and traditional leaders.

Increasing Gender Equity: programming is designed to address gender equity including direct engagement with male norms and behaviors.

Male Norms: addressed explicitly in activities for males as secondary targets for abstinence promotion

C-Change's M&E Plan will consist of monthly data collection and aggregation; ongoing analysis; and quarterly reporting to PEPFAR, the Academy for Educational Development (AED) and community stakeholders. M&E for program will be led by one program officer and supported by M&E Specialist from AED, Washington.

A baseline on comprehensive knowledge of HIV prevention; attitudes; HIV-risk and prevention behaviors; and access to key prevention services and commodities will be undertaken in the communities targeted at the start and end of the intervention. In conjunction with other available country data, this baseline survey will provide formative data for the SBCC strategy.

A comprehensive set of indicators will be formulated to track and monitor program activities and impact. These will be monitored over the life of the program, collected at the end of discrete activities, aggregated on a monthly basis at program site level and reported to the country office for further aggregation, analysis and decision making. Data collection instruments and protocols will be developed with community input to ensure comprehension and ease of use. Where appropriate, instruments already developed for national coordination will be used and collection cycles aligned, again for ease of compliance. Reported data will be maintained in the country office and verified through periodic data audits at community level.

This intervention will work through structures at community level like kagogo centers, neighborhood care points, schools, churches, and indigenous community groups to enrich existing programs with activities for HIV prevention. Age appropriate, audience tailored communication activities will be introduced through trained community members in the Chiefdoms targeted.

The use of existing community structures increases the likelihood that the communities involved will be able to continue hosting program activities. The inclusion of community members and longstanding community institutions in the design and running of the program reinforce local ownership while the training and mentoring of residents helps to build community capacity for sustained implementation. Finally, by working with national and regional partners, the communities will be more likely to access those resources for ongoing advice and support

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	75,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**11801**		
Mechanism Name:	**C- Change**		
Prime Partner Name:	**Academy for Educational Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	250,000	

Narrative:

C-Change will infuse age appropriate sexuality education with integrated human rights and gender equity promotion into existing community program for youth ten years and older guided by a set curriculum and facilitated by trained adults affiliated with those community programs. C-Change will work with materials already under development in country, amending if needed, to include the components referenced. Adult facilitators will be recruited from FBOs, cultural leaders and existing CBOs. Education activities will be complemented by print media, edutainment videos and debates among young people.

Parents and guardians of children will be targeted as well with discussion and coaching sessions on parent-child communications around sexuality and healthy sexual development, information of sex abuse rights and supports for redress if needed. These sessions will be guided by set curriculum and trained facilitators, complemented by expert guest presenters.

Cultural leaders and the community at large will be mobilized to recognize and tackle social norms and environmental conditions that discourage abstinence or facilitate sexual abuse of children and

adolescents. Activities include meetings hosted and facilitated by community leaders with support from trained facilitators.

There will be a print media campaign to promote and reinforce motivation to abstain targeting young people, parents and other adults built on information gathered through formative research.

Finally, refresher meetings on laws and policy governing the management of rape and sexual offenses will be convened for law enforcement personnel. These sessions will include links to medical and psychosocial supports for survivors. In turn, they will be expected to provide community talks on these laws, strengthening links to support for the community.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	230,000	

Narrative:

Considerable attention will be devoted to other sexual prevention activities. These include couples counseling for improved communication between partners, promotion of sex with one partner only and consistent use of condoms if having sex with more than one partner. Interpersonal communication activities will target young couples from the cohort generating the greatest numbers of new infections, people in relationships where work requires one partner to sleep away from home on a regular basis and couples who do not know their status.

Churches, traditional structures and PLWHA support groups will be strengthened to provide pre-marital and marital counseling for couples that addresses communication in relationships, testing and knowing HIV status, concurrent sexual partnerships, condom use (where appropriate) and HIV.

CBOs active in the community will be recruited and trained to lead community dialogues on the drivers of the epidemic in Swaziland with special attention to multiple concurrent partnerships. These sessions will employ multiple interactive formats, including edutainment through "movie-discussion nights" and community theatre. Discussions will be guided and videos drawn from regionally produced edudramas, such as Untold Stories. These activities will target the community at large and will be linked to prevention services through referrals, presentations by service providers or of provision of information on how to access services.

Support given to GKOS - NERCHA and the Swaziland National AIDS Programme (under the MOH) - will reinforce the growing leadership and coordination around prevention activities, including the reconstitution of a national Prevention TWG. The development of a national HIV prevention policy will be

a key towards enhancing structural prevention elements.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12182	**Mechanism Name: Blood Safety**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PEPFAR Swaziland is well positioned to provide technical and material support the Swaziland National Blood Transfusion Service (SNBTS) and to establish an integrated and effective approach to blood safety. The benefits of this enhanced assistance are cross cutting, effecting the implementation of Adult and Pediatric ARV and TB Treatment programs HIV Counseling and Testing services, Laboratory Services and Infrastructure, as well as HIV prevention. A safe blood supply is increasingly acknowledged as a critical treatment adjunct to manage HIV related anemia with up to 70% of all patients with HIV developing anemia. For maternity cases complicated by severe bleeding, blood transfusion is life saving. Likewise, malaria is often complicated by severe anemia which might require transfusion.

PEPFAR Swaziland has in previous years provided only very limited support to the SNBTS through Safe Blood for Africa. With COP10 funds, a new implementing mechanism will be developed to effectively program these additional blood safety funds. The overall goal of this activity will be to achieve a safe and adequate blood supply for Swaziland's population, by supporting the development of Swaziland's National

Blood Transfusion Service and the broader community of health providers using transfused blood.

These additional resources for blood safety support the implementation of key focal areas of the PFIP and NSF including HIV prevention through stringent screening and testing; expanded and decentralized provision of ARV treatment through improved availability of safe blood products (to address HIV-related anemia)where and when needed; and human and institutional capacity development for a sustained response. The improved SNBTS will also have multiple benefits to maternal and child health in the country. As the SNBTS is the only collection and supply agency in Swaziland and distributed blood to all health facilities, this activity has nationwide coverage.

Greater cost effectiveness of the program will be realized through:
- Fewer discarded units of blood through improved screening of blood donors;
- Improved utilization of resources by strengthening SNTBS management and quality assurance systems:;
- Rational clinical use of blood to avoid unnecessary transfusions;
- Fewer new HIV infections caused by unsafe blood; and ultimately,
- Improved clinical outcomes and shorter hospital stays through better patient access to safe blood transfusions.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12182**
Mechanism Name:	**Blood Safety**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	Redacted	Redacted

Narrative:

The activities to be undertaken through this TBD blood safety implementing mechanism during FY 11 include to support: The development of a national blood policy and enactment of supporting legislation Capacity building to ensure recruitment and retention of sufficient regular, low risk, voluntary and non-remunerated blood donors The design and introduction of strategies to ensure effective and universal screening for HIV, hepatitis B and C virus and Syphilis; and appropriate storage, processing and distribution of blood and blood products and a comprehensive information system for data management. The development of national guidelines, and hospital transfusion committees to monitor prescribing practices and transfusion outcomes Pre-service and in-service training of blood service and health facility personnel The development and implementation of effective monitoring and evaluation tools for use in program improvement progress toward implementing WHO and international best practice recommendations Capacity development of the human resources and infrastructure necessary to deliver a sustained, cost effective blood service for the nation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12183	**Mechanism Name: TBD/Prevention**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Despite several years of ambitious and highly visible prevention programming in Swaziland, the country continues to suffer from the world's worst HIV epidemic. Although HIV awareness is nearly universal, specific sexual behaviors continue to contribute to new infections. There is increasing recognition within GKOS and among key stakeholders that prevention efforts must move beyond individual behavior change strategies to boldly address the social and cultural norms that fuel the epidemic.

All HIV prevention efforts in Swaziland have the ultimate aim of interrupting transmission and reducing the number of new HIV infections. In line with the NSF, the overall goal of the Partnership Framework in the area of prevention is to reduce HIV incidence in the general population. PEPFAR will target this through two PF pillars: sexual prevention and male circumcision.

In COP10 a new award – TBD Prevention – will be developed to support Swaziland specific HIV prevention activities. It will target combination sexual prevention issues through the use of HVAB and HVOP funds, and CIRC funds will be used to continue supporting the national scale-up plans to circumcise 80% of 15-24 year old men over the next four years.

The geographic coverage of this activity will be national and the target populations are youth and adult males and females for sexual prevention and males, especially 15-24 year olds, for male circumcision.

This activity will contribute to health systems strengthening by building leadership and social and behavior change communication capacity for sexual prevention and strategic planning and service delivery capacity for male circumcision.

Cost efficiencies will be realized through a more unified and coordinated approach to sexual prevention that better standardizes messages and reduces duplication among implementers. Providing male circumcision services on a large scale for four years will result in economies of scale and ensure that the backlog of young adult males is addressed. Once this "catch up" phase is complete, routine costs of providing male circumcision will be reduced.

This award will incorporate the cross-cutting gender key issue of addressing male norms and behaviors.

M&E systems will be developed within this award that support and strengthen existing national M&E systems and track input, output and outcome data for program improvement.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12183		
Mechanism Name:	TBD/Prevention		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	Redacted	Redacted

Narrative:

Leaders in the MOH took an early interest in research showing the HIV prevention potential of MC and together with their partners pushed forward a plan for national scale-up. As a result, Swaziland is now on the forefront of international efforts to rapidly expand MC services. The GKOS, in partnership with PEPFAR, WHO, the Bill and Melinda Gates Foundation (BMGF) and other stakeholders, has made a commitment to reach 110,000 or 80% of all males in Swaziland, aged 15-24, with medical male circumcision services by early 2014. This effort forms part of an integrated approach to HIV prevention and will be supported by a national communication strategy to promote MC and other methods of prevention and to reduce potentially harmful misconceptions about the service. For long-term sustainability, introduction of neonatal MC is also planned to effect circumcision of 50% of male neonates by the end of the same five-year term.

The strategy for scaling up MC services is multi-pronged in order to comprehensively address policy and planning, HR, institutional capacity, leadership development, service delivery, and communications and social mobilization. The MOH led MC Task Force will provide leadership and oversight of all elements of implementation. Advocacy and support will also focus on final approval and roll out of the MC implementation strategy, service protocol and communications plan.

To date, PEPFAR has supported the MC scale up plans related to service delivery largely through a CDC cooperative agreement with Population Services International (PSI). CIRC funds were added onto an HTC award which meant that while CIRC funds began to dwarf HVCT funds, the priority of the agreement was still focused on HTC work. With the new TBD Prevention award, there is a plan forward to ensure that prevention activities in Swaziland are well balanced and coordinated. The CIRC component of this award will highlight the strengthening of five government health facilities, one stand alone men's health clinic (opened by PSI in September 2009), and an expansion of mobile outreach. Whenever possible the

use of efficiency models will be targeted. The new partner will work closely with the Ministry of Health to integrate circumcision services into three public sector facilities and will support their supply, equipment, training and QA needs. Integration of neonatal MC will be done in conjunction with UNICEF.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

HVAB and HVOP funds will be used together to create a holistic approach to sexual prevention. As such, the narratives for the two budget codes are quite similar except that condom activities are described solely under HVOP. The TBD Prevention award will focus on structural, social/behavioral, targeted populations and condom related issues in Swaziland.

While Swaziland's HIV epidemic is largely driven by the general population, HIV prevention among youth is a high priority for GKOS and PEPFAR. Activities and messages targeted for youth will be developed and disseminated through appropriate venues. The TBD Prevention award will engage the Ministry of Sports, Culture and Youth Affairs in sports and other development partners who can incorporate HIV prevention into sports and income generating activities for youth. The potential for enhancing and better standardizing the life skills curriculum for school-going youth will also be explored.

The TBD Prevention award is concerned with structural and leadership components of prevention in GKOS. The development of the new award will include a need for capacity building and skills transfer for local organizations to build technically sound HIV prevention activities.

As TBD Prevention award is not yet fully developed, this narrative remains fluid. The design of the award will be guided by the NSF and PF and will be shaped around key drivers of the epidemic which current programming does not adequately address. The principles of combination prevention will be utilized during the award design phase.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

HVAB and HVOP funds will be used together to create a holistic approach to sexual prevention. As such, the narratives for the two budget codes are quite similar except that condom activities are described solely under HVOP. The TBD Prevention award will focus on structural, social/behavioral, targeted populations and condom related issues in Swaziland.

While Swaziland's HIV epidemic is largely driven by the general population, HIV prevention among youth is a high priority for GKOS and PEPFAR. Activities and messages targeted for youth will be developed and disseminated through appropriate venues. The TBD Prevention award will engage the Ministry of Sports, Culture and Youth Affairs in sports and other development partners who can incorporate HIV

prevention into sports and income generating activities for youth. The potential for enhancing and better standardizing the life skills curriculum for school-going youth will also be explored. The TBD Prevention award is concerned with structural and leadership components of prevention in GKOS. The development of the new award will include a need for capacity building and skills transfer for local organizations to build technically sound HIV prevention activities. Correct and consistent use of condoms must be increased in Swaziland. There is a need to move beyond the routine social marketing approaches to find innovative ways to promote condom use. Through the TBD Prevention award PEPFAR will support both the public and private sector to distribute condoms and promote their use. Other activities will include expanding condom distribution, intensifying education on correct and consistent use of both the male and female condom and strengthening condom management systems. As TBD Prevention award is not yet fully developed, this narrative remains fluid. The design of the award will be guided by the NSF and PF and shaped around key drivers of the epidemic, which current programming does not adequately address. The principles of combination prevention will be utilized during the award design phase.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12184	**Mechanism Name: URC/LAB**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

Medical Research Council	National Institute for	Swaziland Standards Authority

	Communicable Diseases	(SWASA)

Overview Narrative

URC is an implementing partner for PEPFAR Swaziland in three separate but complementary areas, HVTB, HLAB and HVCT. The HVTB component supports Partnership Framework efforts to improve the management of TB/HIV co-infection and facilitate the roll out of a comprehensive HIV-related care package. The HVCT component focuses on expanding provider-initiated HTC as part of the effort to ensure a greater percentage of the population knows their HIV status. The HLAB component undertakes broad based efforts to build laboratory capacity in support of health systems strengthening and decentralization and is described more fully below.

The overall goal of this project is to strengthen laboratory quality assurance, quality management systems and to expand both HIV/AIDS and TB diagnostic services at all levels within the Swaziland health system through:

• Provision of technical expertise in improving existing procedures and practices involving HIV/AIDS/TB diagnosis at the National Reference Laboratory (NRL) and peripheral laboratories and introduction of new technologies

• Strengthening national capacity to lead and manage roll-out of adequate HIV & TB diagnostic services

• Institutionalization of modern quality improvement approaches as an integral part of health care.

The URC/CDC laboratory project will contribute to the key intervention area, "Decentralized and improved quality of care and treatment services for adults and children, including HIV testing and TB/HIV" in the Partnership Framework (PF) and the care and treatment thematic area of the National Strategic Framework on HIV/AIDS 2009-2014 (NSF).

The University Research Corporation (URC)/ CDC Laboratory project works in all four regions of the country and covers all seven public hospital laboratories, seven health center laboratories as well as the 12 mini laboratories currently being established in the rural clinics. URC's strategy for strengthening laboratory services will build on the following principles:

• ensuring strong country ownership;

• integrating project activities within Swaziland's health systems to ensure long-term program sustainability;

• capacity building through training/mentoring lab staff in quality assurance/quality management on both general lab-related and TB diagnostic services;

• linking project activities with other PEPFAR and donor funded initiatives to increase returns on USG investments in the country; and

• working with GKOS and other partners to ensure that laboratory services are strengthened as an

important component to TB/HIV services.
The three URC projects will share costs of offices, procurement and financial management systems making the program to be more cost efficient.

URC has a full time M&E Officer to provide TA to the National Clinical Laboratory Services (NCLS). The Officer works closely with national systems to collect, collate, generate, analysis and disseminate data and information from facilities to national and international partners. The M&E Unit provides direct TA to facilities and national M&E staff to assure quality of data reported.

Currently, there is no electronic Laboratory Information System (LIS) to assist in data collection and utilization, which hinders evidence-based programming. Without electronic management of data, little research, monitoring of disease trends and detection of emerging diseases can be achieved. The three PEPFAR partners will support the introduction of a comprehensive LIS. The system will customized to a resource limited environment and local staff will be trained in its operation and maintenance.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	1,500
Human Resources for Health	40,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Military Population
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**12184**
Mechanism Name:	**URC/LAB**
Prime Partner Name:	**University Research Corporation, LLC**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HLAB	500,000	

Narrative:

HLABURC will provide direct TA and support to Laboratory organizational leadership in implementation of the 5 year laboratory strategic development plan (2008-2013) and policy, and enhance capacity development for laboratory supervisors. A rapid situational assessment will be conducted at the beginning of the project to inform detailed interventions and at each level and the report of the situational analysis disseminated to the MOH and relevant stakeholders. Quarterly review meetings will be supported to facilitate data reviews and quality improvement. Support will also be given to attend regional and international trainings.

In order to scale up existing interventions and initiate new interventions, the project will recruit two laboratory experts, one based at URC and working closely with the Director, National Clinical Laboratory Services and the other based at the National Referral Laboratory in Mbabane and working closely with the Quality Assurance Manager. The project will also support a limited number of laboratory staff to conduct lab test as well as those to facilitate a functional national laboratory sample transportation system and will assist in developing a comprehensive LIMS.

Strengthening laboratory management towards accreditation training (SLMTA) consists of three one-week trainings over a 9 month period targeted towards level II and level III laboratory technicians. The final training would be completed during COP10. Two 1 month long technical assistance and mentorship trips using various consultants will work with laboratories in Swaziland to create sustainability and work towards accreditation. URC will also sponsor two stakeholders from Swaziland to attend a Leadership Exchange Seminar in the United States, as well as visit the CDC lab in Atlanta. The meeting will offer the stakeholder an opportunity to learn about laboratory practices in the United States; it will also offer an opportunity to strengthen the relationship and partnership between Swaziland, CDC and URC.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12185	**Mechanism Name: TBD/Save the Children**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this activity is to strengthen the response to reported cases of child sexual abuse, violence, and exploitation by building the capacity of existing Child Protection Committees (CPCs), government structures, and other relevant partners to respond more effectively, and to increase the number of vulnerable children accessing basic services on a regular basis. This activity began with COP 09 funding as a pass through with Pact. PEPFAR Swaziland is exploring options for a regional implementing mechanism in COP 10 and therefore the activity is currently TBD.

This program addresses the Impact Mitigation goals of the PF by enhancing the protection of vulnerable children and it will also contribute towards the PF's objective of increasing the percentage of vulnerable children receiving basic support services on a continuous basis. Save the Children Swaziland (SCSWD) aims not only to enhance legal protection, but also seeks to provide and/or facilitate access to psychosocial support (PSS) and economic strengthening.

Strategic objectives of the project are:

1) To reach an increased number of vulnerable children within the targeted constituencies and towns with basic services which are responsive to their needs, either directly or through referral to partner organizations and/or government, with a primary focus on PSS.
2) To build the quality and scale of CPCs through measures to promote capacity and sustainability creating an environment of increased safety for children, raising community awareness of sexual abuse and its link to HIV, and improving community recognition and support of Child Protectors (CPs).
3) To facilitate clear and strong linkage between CPCs and relevant government, non-government, and legal agencies so that they all respond in an effective, well-coordinated manner to reported cases of sexual and other child abuse.

With funding from UNICEF and GFATM, SCSWD has been nationally coordinating the establishment of

CPCs since 2005 with three sub-partners. Implementation of this project will be undertaken with the same partners and the program will be carried out in eight rural constituencies and twelve towns spread across all four regions. Each partner is responsible for conducting CPC training and providing services for vulnerable children in their target constituencies or towns with managerial oversight and quality assurance provided by SCSWD. The target population consists of vulnerable children between the ages of 0 – 17, with a particular focus on those who have experienced sexual or other abuse, children in child-headed households, and children who are living with HIV.

Per-capita costs will be lower in the second year of implementation due to a decrease in overhead costs from start-up projects (such as enhancing the database that will track sexual abuse, the development of standardized CPC training curriculum, and intensive training for field officers to become certified in PSS). Thus, in the second year, the program will have become more cost-efficient and will be able to reach more children with an increased budget allocation dedicated to direct services. The cost of investing in PSS certification of field officers will continue to make up for itself in the second year as field officers pass these skills on to a higher number of targeted CPs and serve as an ongoing resource for them. This will result in a decrease in current transportation and human resource costs for repeated visits to widespread communities to reach children with PSS. In addition, the training provided to CPCs will continue to be geared towards achieving sustainability. By the second year, improved linkages between CPCs and government as a result of the project's interventions will mean that direct involvement from SCSWD in cases of sexual abuse will not be as heavily required.

One full time M&E Officer will be supported for this activity. During the first year, a baseline study is planned to inform the development of a Performance Monitoring System. SCSWD will collect and compile standardized data from sub-partners on a monthly basis and will report on a semi-annual basis to PEPFAR. Data collection tools will include the database on sexual abuse that will be developed as part of the proposed project, monthly reports from sub-partners and surveys conducted with children and caregivers. Data will be analyzed and utilized internally for program improvement and scale up. Results from this project will also inform the implementation of best practices in training nationwide and will be shared with other partners, including UNICEF and Global Fund.

As described above and in the HKID budget code narrative, gender and economic strengthening are cross-cutting key issue for this program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**12185**
Mechanism Name:	**TBD/Save the Children**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

This activity will continue to address the following priority actions in order to meet the needs of vulnerable children: a) improving quality service delivery; b) community support and coordination; c) strengthening systems/government/policy; and d) increasing data development and use for strategic planning.

SCSWD and partners will improve quality service delivery by providing or facilitating increased access to basic services, with a focus on strengthening PSS services available within communities and to a lesser extent providing children (particularly those heading households) with economic strengthening through Entrepreneurial Skills, as well as with Life Skills training. CPs in each community will be trained in providing PSS to vulnerable children, which will increase the number of children receiving PSS within their communities on a continuous basis. Where SCSWD and sub-partners do not provide services directly, referral protocols to relevant partners will be in place for children in need of other services, such as health care, food and nutrition, clothing, shelter, and protection and legal support.

One of the key strategies to improve community support and coordination will be to select CPs from each community to become "Community Facilitators" to strengthen their skill base and connect them with local and regional authorities. Community Facilitators will be trained as trainers of other CPs. CPCs will be made more sustainable because ownership will remain within the community and not with an NGO, as well as through the creation of lasting ties with government structures. This model has already increased retention of CPCs in communities trained by one of the sub-partners. Local ownership and improved linkage with government will help to streamline and improve the response to reported cases of child

sexual and other abuse. Ongoing education for community members (including teachers and local, church and traditional leaders) will also take place so that the work of CPCs will be more widely recognized and supported. SCSWD will explore options for successful interventions to increase retention among CPs. As volunteers, they are often in need of economic strengthening and SCSWD will explore livelihood interventions. Efforts may include providing material or financial support for CPC activities, offering Entrepreneurial Skills Trainings for Income-Generating Activities and lobbying government to provide CPs with small financial remuneration. Specific interventions will be informed by consultations with field officers, research on best practices in the region and by the results of the ongoing UNICEF co-sponsored national dialogues with CPCs.

Efforts to streamline the response to sexual abuse cases will include integrating government field officers (social workers, police, etc.) into trainings, working to update documentation required to process cases of abuse, and training CPs in providing PSS to vulnerable children.

To strengthen systems and increase data development, SCSWD will utilize the sexual abuse database and provide a centralized compilation of information accessible by relevant partners. Data compiled in the database will inform future interventions and will be utilized internally in the M&E framework for this project. Advocacy efforts for the passage of important policies and legislation affecting the lives of children will continue.

SCSWD has a strong track record both in advocacy and in establishing and supporting CPCs in Swaziland. To date, more than 11,000 CPs have been trained. Challenges include a need for more comprehensive and ongoing training for CPC members, a low level of integration of field officers from relevant partners with the work of CPCs (particularly those in government), difficulty sustaining committees and their members, and a lack of effective monitoring/tracking of children accessing basic services as a result of interventions by CPCs. The strategies described above were designed to address these challenges.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12186	**Mechanism Name: JHU/Knowledge Management**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHU/Project Search	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 50,000	
Funding Source	**Funding Amount**
GHCS (State)	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Johns Hopkins University, Knowledge for Health Southern Africa (K4HSA) Program will work with the Swaziland National AIDS Information Centre (NAIC) and its key stakeholders, including NERCHA, to build capacity and develop and strengthen knowledge management systems to facilitate the capturing, synthesizing and sharing of HIV/AIDS knowledge and information, thereby addressing information needs, improving program implementation and collaboration, and making use of new technologies to better share information and experiences. Due to the prominent role the NAIC plays in the development of social and behavioral change communications, particular focus will be on prevention efforts.

This activity contributes to both the prevention and strategic information pillars of the Partnership Framework and will help strengthen the prevention thematic area of the NSF. K4HSA will develop the capacity of a strategically placed local institution to better manage and disseminate HIV prevention materials and information, encouraging and facilitating their use in the design, harmonization and implementation of prevention programs throughout the country.

The NAIC resource center based in Manzini benefits a range of individuals and organizations working in health, education, the community, the government and the private sector in Swaziland, including: Health program managers and providers, Community, Faith-based and Non-Governmental organizations, Networks of PLWHA and support organizations, Focal point units and individuals in government, Planners and policy makers, Researchers, Advocates and the media.

Family planning is a health-related wraparound cross-cutting key issue within this activity. The K4HSA program has considerable linkage and experience with family planning and is therefore uniquely positioned to improve the integration of HIV/AIDS and family planning/reproductive health (FP/RH) for better health outcomes within programs in Swaziland.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12186		
Mechanism Name:	JHU/Knowledge Management		
Prime Partner Name:	JHU/Project Search		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	50,000	

Narrative:

K4HSA will work with the Swaziland National AIDS Information Center (NAIC), NERCHA and other stakeholders to create a National HIV/AIDS Resource and Training Centre (RTC) for Swaziland that will serve as the key source of evidence-based information on HIV/AIDS in Swaziland. Priority under the COP10 funding will be given to HIV prevention efforts focused on social and behavioral change communications.

Specific activities under the project include:

• Develop the RTC as a national HIV/AIDS clearinghouse that provides easy access to all relevant, evidence-based research, programmatic materials, tools, communication materials, policy and advocacy information, and a directory of HIV/AIDS services and programs in Swaziland. Materials would be accessible in electronic, hard copy, and audio-visual formats.

• Develop the capacity of the NAIC to document key activities and programs and their significance in the HIV/AIDS response and to repackage key information for specific target audiences.

• Develop a Swazi web portal for HIV/AIDS. The Centre would develop a dynamic, easy-to-use web portal to provide country-wide access to resources and a forum for program managers, health communicators, researchers, trainers, and policy makers to share experiences, strategies, approaches and lessons learned.

• Develop the capacity of the NAIC to host electronic and face to face forums at national and district level, to discuss current issues on HIV/AIDS.

• Provide a virtual online training center. The Centre will develop a series of e-learning courses targeted to a range of audiences including public health practitioners, program managers, health communication specialists, and volunteers country-wide, giving them access to training, knowledge and skills. • Build local capacity by creating or strengthening existing district and community level "learning centers" that will be linked to and collaborate with the RTC.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12187	**Mechanism Name: JHU/Project Search**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHCS (State)	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Project SEARCH – Supporting Evaluation and Research to Combat HIV/AIDS (SEARCH) – is an Indefinite Quantity Contract (IQC) from USAID awarded to five organizations to support HIV/AIDS research and evaluation in developing countries. Project SEARCH may be used for:

• Developing and evaluating models of HIV/AIDS prevention, care, and treatment programs

• Conducting public health evaluations to investigate effectiveness of interventions and translating results into public health guidelines

• Identifying and disseminating best practices to improve program efficiency and effectiveness

• Developing national and international standards and indicators for the purpose of program monitoring

and evaluation
• Conducting analysis of clinical, community-level, and population-based epidemiologic, demographic, and surveillance data
• Testing program implementation models including research on practical applications of new technologies and intervention models in resource-poor settings
• Carrying out feasibility studies, community preparedness studies, and policy analyses
• Developing local capacity in applied research and ethical procedures by increasing technical skills of in-country investigators and providing technical assistance to local institutions
PEPFAR Swaziland began providing resources into Project Search with FY08 PF funds, and then again with FY09 PF funds. Additional resources provided with FY10 funding will allow for three activities to be fully realized that will complement national prevention priorities and fit into the Partnership Framework sexual prevention pillar. The three activities are:
- An assessment of HIV risks amongst key Most At Risk Populations (MARPs) and the development of a pilot program targeting those groups. This will support PEPFAR's PFIP commitment to elevate programming in support of MARPs.
- Capacity development of students spearheading HIV prevention efforts at UNISWA to support the PFIP commitment to address youth as a priority population.
- An assessment of multiple concurrent partners (MCPs) and their role as a key driver in the HIV epidemic in Swaziland. This will support the PFIP commitment to address the key drivers of the epidemic in developing a national SBCC strategy.
The geographic coverage of this survey will be national, while the MARPS and University activities will be confined to the specific localities where the target populations congregate.
Male norms will be addressed through all three activities

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12187**

Mechanism Name:	JHU/Project Search
Prime Partner Name:	Johns Hopkins University

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	

Narrative:

In COP10 HVAB funds will be allocated to Project Search to continue a study of MCPs, an undisputed, driving force of the HIV/AIDS epidemic in Swaziland. While some data have been collected in the recent DHS and other national samplings, no survey to date has effectively mapped this driver to fully understand the underlying factors of the particular context in Swaziland. To better inform future prevention programming, MCPs must be more fully understood so that all interventions can be data driven. With the COP 10 allocation and this additional one-time funding, sufficient funds will be available for Project Search to complete this critical assessment as an early Framework benchmark.
Funding to support capacity development of UNISWA students to further HIV prevention efforts amongst their peers will be split between HVAB and HVOP funds. Support to college students is severely limited in Swaziland, yet they remain a population significantly at risk of contracting HIV. It is promising that UNISWA students have been motivated to begin programs to support and educate one another. Efforts to expand and enhance their work will be sought from long-term technical assistance providers affiliated with JHU.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	

Narrative:

In COP10 HVOP funds will be allocated to Project Search to finalize a pilot program serving MARPs in Swaziland. In the context of a generalized epidemic, MARPs represent a very small proportion of new infections, but even so, warrant a targeted approach to HIV prevention due to their unique risk factors. Key programs for men who have sex with men (MSM), commercial sex workers (CSWs), mobile populations and other groups as they are identified in the initial assessment will be developed. This activity will be linked to prevention activities that are undertaken by other PEPFAR Swaziland partners to ensure coordination throughout the Kingdom.
Funding to support capacity development of UNISWA students to further HIV prevention efforts amongst their peers will be split between HVAB and HVOP funds. Support to college students is severely limited in Swaziland, yet they remain a population significantly at risk of contracting HIV. It is promising that UNISWA students have been motivated to begin programs to support and educate one another. Efforts to expand and enhance their work will be sought from long-term technical assistance providers affiliated with JHU

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12188	**Mechanism Name: UNICEF**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 450,000	
Funding Source	**Funding Amount**
GHCS (State)	450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this project is to support the realization of Swaziland's national vision and strategic plan for Neighborhood Care Points (NCPs) 2009-2013. NCPs are community-based sites where local pre-school age children come for food, supervised play and other basic services. The vision is that there will be a sufficient number and spread of NCPs that are certified as early childhood development centers and capacitated for the delivery of basic services to cover all communities in the nation.

This activity was initiated with COP 09 funds through a PIO with UNICEF and will be continued with COP 10 funding through an extension of that agreement.

In support of the NCP strategic plan, PEPFAR funds will be utilized to:

1. Ensure delivery of three basic support services to 10,000 young children; thereby contributing to the establishment of 200 additional NCPs that model the national vision; and,
2. Strengthen government capacity for monitoring and improving NCP services.

This activity is designed to complement inputs by government, communities, UNICEF, GFATM and other donors. The project builds COP achievements by reaching new NCPs and children, broadening support of the NCP strategy and incorporating service delivery lessons learned during the first year of implementation. In line with the national NCP strategy, this project contributes towards scaling up of services for vulnerable children and strengthening coordination, national leadership and local ownership.

This activity contributes to the goal and objectives of the impact mitigation pillar of PEPFAR Swaziland's Partnership Framework. The project aims to reach 10,000 vulnerable pre-school age children through NCPs in all four regions of Swaziland with basic health care interventions, Early Childhood Care and Development (ECCD), psychosocial Support (PSS), and hygiene and sanitation education. In so doing, this activity will increase the percentage of vulnerable children in Swaziland that are receiving basic support services.

The NCP strategy is a community-driven initiative supported by government and development partners. Government is taking leadership in seeking to provide a coherent framework for transforming NCPs into ECCD centers and hubs for the delivery of various basic services. This activity will help to establish functional NCPs that can model best practices and garner increased support from communities and government, while attracting additional resources for the NCP strategy.

The M&E plan relies on the national NCP database and M&E system that are to be strengthened with COP 09 funds. The M&E plan includes capacity building for key Government agencies and supports maintenance and use of the NCP database for program improvement. In line with the principle of the "three ones", the NCP M&E framework will complement the national M&E system and feed into the Kagogo (HIV administrative) centers in targeted chiefdoms. Data will be collected by NCP caregivers and quarterly reports will be produced and disseminated to inform program implementation. Field visits will be conducted by government officers, the M&E Officer, NCP focal persons from implementing partners and other UNICEF staff. The cost of the full time M&E Officer recruited with COP 09 funds will be shared by PEPFAR and UNICEF in the second year. This officer will work to build M&E capacity in government and will ensure all PEPFAR reporting requirements are met.

Child survival will be a cross cutting key issue as essential health care services will be delivered at the NCPs on Child Health Days.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID:	**12188**		
Mechanism Name:	**UNICEF**		
Prime Partner Name:	**United Nations Children's Fund**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	450,000	

Narrative:

This activity falls within the USG commitments under the PFIP objective "Increase the percentage of vulnerable children receiving basic support services on a continuous basis". The PEPFAR HKID priority actions in the upcoming implementation years are: increased data development and use; community support and coordination; and, improving and expanding quality service delivery.

Data development and use will be promoted by strengthening and supporting the national NCP database and system to track service provision for vulnerable children. M&E capacity will be built within the National Children's Coordination Unit, the Department of Social Welfare, NERCHA and the Ministry of Tikhundla (Local) Administration and Development to manage data for improvement of programs serving vulnerable children.

Establishing functional NCPs with quality service delivery will require committed community support and trained caregivers. Criteria for selection of PEPFAR supported NCPs will include size of child population, evidence of community commitment and presence of caregivers. Community support will be encouraged and reliable service provision will help to sustain that support. Collaboration amongst government, communities and other partners will improve the coordination of services.

The bulk of resources for this activity will be directed to providing quality services to vulnerable children. In particular, 10,000 young children at 200 NCPs across Swaziland will receive the following three basic support services:

Access to basic health through Child Health Days: this component will support one 'national child health day', during which outreach teams of health care workers work with the community-based Rural Health Motivators at NCPs to provide immunization, vitamin A supplementation, deworming, growth monitoring, referrals and health education. During these visits, caregivers will also be provided with some training in first aid and management of minor ailments, such as oral rehydration therapy for diarrhea.

Early Child Care Development (ECCD) and PSS: PEPFAR funds will be used to procure ECCD and PSS teaching, learning and play supplies and equipment. UNICEF and other partners are supporting the training of NCP caregivers to provide structured early learning and PSS through play and recreation. Longer term efforts will be pursued with government to establish NCP as certified ECCD centers.

Participatory Hygiene education: This component will support participatory hygiene education for 1,000 caregivers and 10,000 children at the 200 NCPs. The intervention will include provision of soap, information and other needed materials as well as campaigns to inform, and motivate the communities to improve sanitation and hygiene practices. Due to budget constraints ventilated improved pit latrine construction is not currently included in the project. However, there continues to be a great need for adequate sanitation facilities at all NCPs and PEPFAR is prepared to support the construction of additional latrines should additional funds become available.

NCPs have been challenged by an unclear mandate, inconsistent community ownership and commitment, varied standards of service, high turnover among NCP caregivers and a lack of resources. The NCP strategy was designed elicit broad collaboration and improved coordination to address these constraints. The activities described above are intended to advance the national NCP strategy and to provide sustained services to large numbers of vulnerable children within their own communities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12189	**Mechanism Name: TBD PMTCT**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In COP 10 a new award - TBD PMTCT – will be issued to continue the work of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), which has supported the Government of the Kingdom of Swaziland since 2004 with the goal to prevent pediatric HIV infection and reduce HIV-related morbidity and mortality among women, children, and families. TBD PMTCT's objectives will be:

1) Support the government scale up plan to reach 100% of public facilities with comprehensive PMTCT services by 2011
2) Support the government to integrate comprehensive HIV care & treatment in MCH settings
3) Support facilities to provide high quality, comprehensive PMTCT and care & treatment services for pregnant women, mothers, infants, children, and other family members
4) Strengthen the health systems through technical assistance and capacity building to ensure sustainability of services
5) Develop and promote evidence-based interventions

TBD PMTCT's strategic support will comprise all four prongs of the comprehensive PMTCT approach adopted by the Ministry of Health (MOH): primary prevention, preventing unwanted pregnancies, preventing mother-to child transmission, and providing HIV care and treatment for the mother, child and family.

PMTCT was assessed in the PF to have rapidly grown with a remarkable increase in coverage. As described in the PF, improving the quality of PMTCT services and the integration into broader MCH and HIV care and treatment programs will continue to be a priority. TBD PMTCT's program is closely linked to the following key interventions identified in the PF: decentralized and improved quality of care and treatment services including HTC and TB/HIV; sexual prevention; impact mitigation with a focus on children; and human and institutional capacity development.

TBD PMTCT will build on EGPAF's success of using PMTCT services as an entry point to provide integrated, comprehensive HIV care & treatment, RH/FP, and MCH services for women, their partners

and children using family focused approach. In consultation with PEPFAR Swaziland and the MOH, EGPAF developed a strategy to provide integrated PMTCT, care and treatment in Public Health Units (PHUs), MCH clinics, and <5 clinics, where most Swazi mothers and children receive their routine care. The PHUs will serve as the hub providing technical support, referral linkages and support to surrounding clinics.

The maturity of the Swazi PMTCT program allows a transition to targeted site support based on changing needs. Some sites will continue with basic program monitoring, QI programs and staff development; other sites need more intensive support to improve performance. To minimize disruption of service provision caused by the MOH policy of frequent staff rotation, TBD PMTCT will provide ongoing training and site support.

TBD PMTCT will provide technical assistance and advocacy on development or adaptation of guidelines, training materials, tools and policies through active participation in the national HIV TWG and its subcommittees. It will conduct critical program evaluations to inform policy.
TBD PMTCT will support the update of the national PMTCT guidelines to incorporate the new WHO guidelines expected to be released end of 2009, including prophylaxis during breastfeeding, and support implementation of these guidelines to maximize the effectiveness of the PMTCT interventions.

TBD PMTCT site level support will focus on regular support supervision and on-site clinical mentoring. In 2009, three new Program Coordinators were based in PHUs to provide support to the PHUs and their surrounding clinics in QI, linkages and integration of services between facilities and community. These Coordinators work closely with regional staff (clinic supervisors, AIDS coordinators, psychologists) in implementation of integrated comprehensive HIV prevention, care and treatment services and provide joint support supervision.

The target populations include pregnant and postpartum women, infants, and secondarily their partners, families, and communities. TBD PMTCT will continue supporting PMTCT service delivery in 47 of the total 137 health facilities across all 4 regions (5 hospitals, 4 health centers, 6 PHUs and 32 clinics), and supports maternity wards in 9 of 12 public hospitals, catering to more than 85% of facility deliveries in the country. All 47 sites provide HIV care services. By 2010, the 6 PHUs will be providing ART services, primarily to HIV-infected women, their spouses, and children. By 2011, TBD PMTCT will expand these services to ensure that all 137 government facilities are providing high quality PMTCT services.

TBD PMTCT's approach to building national capacity and sustainability will ensure cost-efficient programming. The decentralization of the integrated services for HIV prevention, care and treatment in the MCH setting brings all services under one roof, saving costs on separate buildings, staff, and

maintenance. The sub grant to the MOH will have an added value of ensuring long-term ownership and sustainability.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12189**
Mechanism Name:	**TBD PMTCT**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

Narrative:

TBD PMTCT will support integrated comprehensive HIV care and support in 32 sites where PMTCT services are offered, including PHUs, MCH units, health centers and clinics, and will expand to 10 new sites in 2010. It will provide TA to the MOH through the HIV Technical Working Group, including:

• Finalization and implementation of the comprehensive care package
• Finalization of pre-ART M&E tools (registers, patient files and patient hand held cards)
• Decentralization of comprehensive care services to the PHUs, health centers and clinics

TBD PMTCT will also support the MOH in improving the capacity of service providers to implement integrated comprehensive HIV care and treatment through integrated management of adult illness training and supports sample transport from sites to regional and national reference labs. It will continue to improve uptake and quality of HIV care through regular on-site mentorship and supervision:

• Clinical services: Early identification of HIV-positive pregnant women, partners and children at all care points; enroll and register clients in pre-ART care, prompt clinical and immunological assessment of HIV-positive pregnant/lactating women and other individuals; pain assessment and management; screen for

TB and OIs; prophylaxis with CTX, INH; regularly assess for ART eligibility; ensure all HIV-positive individuals are assessed nutritionally and treated accordingly.
• Linkages and follow up: strengthen the use of patient cards and referral forms for effective referral linkages; work closely with expert patients and Mentor Mothers in ensuring that clients are well counseled on care services and complete referrals; establish and strengthen referral linkages between services and clinics; improve follow-up counseling to improve adherence; work with health workers to utilize pre-ART and appointment registers to identify defaulting and lost to follow up clients; develop mechanisms (mobile phones) to trace clients who have not returned for follow-up or results.
• Support services: establish family support groups and strengthen community-health facility linkage; work with rural health motivators to improve utilize and adhere to the care services provided in the health facilities.
• Support supervision and mentorship: Continue to provide regular visits for data review, QI activities, case management and mentoring.
• QI activities: Continue to support the MOH to develop and implement QI approaches for HIV care services to improve data use at site level, including training of health facility staff on quality improvement. TBD PMTCT will work with health care workers to use the PDSA cycle to perform site level QI activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

In FY11, the TBD PMTCT award will support the provision of comprehensive and integrated HIV treatment in 6 PHUs and one new clinic, focusing on pregnant women and children. Eligible HIV-positive pregnant women will be initiated on ART in the PHUs. Those already on HAART and attending ANC at these PHUs will be transferred out to the main ART centers until approximately 2 years after delivery to allow for continuity of services for both mother and child in the PHU/MCH setting. The adult HIV treatment activities for TBD PMTCT in FY11 will include:

National level activities:
• Provide technical assistance to the MOH in the revision of adult and adolescent HIV treatment guidelines
• Support the MOH (SNAP) in the decentralization of treatment services to the 6 PHUs and 1 clinic
• Support the MOH in the training of health care workers in provision of adult HIV treatment services through the in-service IMAI training

Site level activities:
The TBT PMTCT award will support sites in improving uptake and quality of HIV treatment services as

follows:
• Work closely with mentor mothers and expert clients to ensure that eligible individuals are adequately prepared for HAART
• Work with and support health workers in drug stock management to ensure uninterrupted supply of ARVs and other OI drugs
• Support and mentor health care workers to ensure proper follow up and monitoring of patients on HAART and management of any side effects or complications that might arise
• Encourage adherence to treatment by regular ongoing ART adherence counseling and active tracing of defaulters and lost to follow up patients using mobile telephones. TBD PMTCT will also work with rural health motivators to track patients defaulting treatment in the community.
• Support proper documentation of treatment services provided in the facilities and timely reporting of data to the national M&E unit.
• Provide ongoing site supervision and mentorship. TBD PMTCT's technical staff, including the Program Coordinators, will continue to provide regular visits to the sites to review data and perform QI activities; assist in case management; and mentor health workers in HIV treatment.
• Develop and support QI activities. TBD PMTCT will support the MOH to develop and implement QI approaches for HIV treatment services to improve data use at site level, including training of health facility staff on quality improvement.
• Support outreach services to St. Theresa clinic for provision of ART services through King Sobhuza II PHU.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

TBD PMTCT will support these pediatric care and support services:
• Provide TA to revise/update pediatric HIV care and treatment guidelines
• Support the MOH to adapt/develop pediatric HIV care and treatment training curriculum and harmonize pediatric guidelines with IMCI expanded HIV guidelines
• Support national system for transport of blood samples and DBS
• Provision of essential newborn resuscitation equipments and training of staff to improve neonatal survival.
• Support the MOH in building capacity to implement pediatric HIV care through training and through provision.
• Ensure that comprehensive care services are well integrated with routine child health services to ensure continuity of care.
• Clinical services for exposed infants: identify exposed infants through systematic screening of child and

mother health cards at each service contact; improve health worker skills in pediatric counseling through training and mentorship; support EID through DNA PCR using DBS for exposed infants at every entry point within MCH; provide pediatric PITC using antibody tests for children >12 months; provide infant feeding counseling and support routine immunizations, growth monitoring and developmental assessment; provision of CTX prophylaxis; presumptive diagnosis of HIV

• Clinical services for HIV infected infants and children: provision of routine child health services; early identification of infected infants and children; clinically and immunologically staging; assess and manage pain; screen for TB/OIs; provide prophylaxis with CTX, INH; regularly assess ART eligibility; early treatment initiation for positive infants; assess nutrition status and treat accordingly; link all eligible children for treatment.

• Linkages and follow up: strengthen use of patient cards and referral forms for effective referral; work closely with expert patients and Mentor Mothers in ensuring that caregivers are well counseled on care services and complete referrals; utilize pre-ART and appointment registers to identify children defaulting and lost to follow up; develop mechanisms to trace caregivers who have not returned for follow-up or results..

• Support services: establish family support groups at supported sites, especially for children living with HIV.

• Site supervision and mentorship: continue to provide regular visits for data review, QI, case management and mentoring.

• QI activities: Continue to support the MOH to develop and implement QI for HIV care services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

In FY11, the TBD PMTCT award will support the provision of comprehensive and integrated HIV treatment for infants and children in 6 PHUs and one new clinic. All HIV positive infants less than 12 months of age and eligible HIV-positive children above 12 months will be initiated on ART in the PHUs and will be transferred out to the main ART centers at 2 years of age. TBD PMTCT's support for pediatric HIV treatment activities for FY11 will include:

National level activities:

• Provide technical assistance to the MOH in the revision of pediatric HIV care and treatment guidelines

• Support the MOH in the training of health care workers in provision of pediatric HIV treatment services

Site level activities:

• Continue to support the sites to ensure all HIV-positive infants less than 12 months are initiated on

HAART, irrespective of their clinical or immunological staging, to decrease morbidity and mortality.
• Work closely with mentor mothers and expert clients to ensure that eligible infants and children are adequately prepared and initiated on HAART with minimal delay.
• Work with and support health workers in drug stock management to ensure uninterrupted supply of pediatric ARVs and other OI drugs. TBD PMTCT will advocate for the use of FDC ARVs for infants and children to improve adherence to treatment.
• Support health care workers to ensure proper follow up and monitoring of children on HAART and management of any side effects or complications that might arise.
• Ensure all children on HAART are also provided with other routine child services including immunizations and growth monitoring.
• Support adherence to treatment by regular ongoing ART adherence counseling for children and caregivers; establishment of support groups for caregivers and children; active tracing of defaulters and lost to follow up patients using mobile telephone. TBD PMTCT will also work with rural health motivators to track infants and children defaulting treatment in the community.
• Support proper documentation of treatment services provided to children in facilities and timely reporting to the national M&E unit.
• Site supervision and mentorship. TBD PMTCT's technical staff including the program coordinators will continue to provide regular visits to the sites for: reviewing of data and perform QI activities; case management and mentoring HWs in their day to day work in HIV treatment
• TBD PMTCT will also support outreach services to St. Theresa clinic for provision of ART services through King Sobhuza PHU to increase accessibility.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

EGPAF currently provides support to health facilities in order to optimize all 4 prongs of PMTCT through integration into MCH services, following mother/infant pairs, and links to care and treatment at all levels. Services include high quality provider-initiated HIV testing and counseling (PIHTC), ARV prophylaxis and treatment, counseling and support on infant feeding, nutrition assessment, FP, TB/OI screening, CD4 and clinical staging, CTX prophylaxis for eligible women and exposed infants, safer delivery practices, psychosocial counseling, support, follow up and referral of HIV-positive women and HIV-exposed infants and family members to care and treatment.

TBD PMTCT will continue these services, add 10 new sites in FY2010 to the existing sites currently supported by EGPAF, and additional sites in FY2011 to reach the MOH goal of 100% PMTCT coverage and:

• Achieve 98% HTC uptake, using the opt-out approach with same day rapid test results in ANC, L&D and postnatal clinics • Support scale up of couple counseling through training support, on-site clinical mentoring • Improve counseling quality, especially for couples and those testing negative in ANC to reduce seroconversion and pediatric infection during pregnancy/breastfeeding • Strengthen retesting in ANC and L&D to ensure that newly infected women and exposed infants receive ARV prophylaxis • Provide HTC for HIV-exposed infants, siblings and family members • Provide mentorship and support supervision for mother mentors and expert clients TBD PMTCT's priority will be to provide HIV-positive women access to more efficacious ARVs (sdNVP+AZT/3TC), including HAART, in line with latest national and WHO guidelines, to improve facility and community linkages and to support quality improvement.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12190	**Mechanism Name: TBD HCD-Community**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The funding listed in this template and all of the FY 2010 funds programmed under mechanism 10838

(IntraHealth SAHCD project) will be reprogrammed to "TBD" pending a new human and institutional capacity development award.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12190**		
Mechanism Name:	**TBD HCD-Community**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
The funding listed in this template and all of the FY 2010 funds programmed under mechanism 10838 (IntraHealth SAHCD project) will be reprogrammed to "TBD" pending a new human and institutional capacity development award.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12191	**Mechanism Name: TBD DPM's Office**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Deputy Prime Minister's Office oversees two key Government units which are key to addressing the needs of vulnerable children in Swaziland—the Department of Social Welfare (DSW) and the National Children's Coordination Unit (NCCU). The NCCU is a coordination and policy setting body, whereas the DSW is meant to provide more hands on support to children, particularly in cases of abuse or when alternative care is needed, as well as manage social grants.

The DSW was recently removed from the Ministry of Health and placed under the oversight of the Deputy Prime Minister's Office in 2009. It is a new department that has serious capacity limitations, both in terms of human resources and physical infrastructure. Until six months ago there were only four trained social workers within the department. Approximately 60 civil services have been hired to fill social worker positions since then, however, the vast majority have no social work or even related skills. The DSW has also struggled under weak leadership and management. Despite these challenges, the DSW has had a number of accomplishments over the past year and there are signs that they are ready to organize themselves to carry out their mandate. The National Social Development Policy was approved at the end of 2009 and a draft strategic plan has been designed. Draft Guidelines for Alternative Care and Standards for Residential Care have also been developed, both with UNICEF support. The World Bank has recently committed to support the DSW to establish a system for cash transfers for OVC and the DSW has taken over the administration of the country's OVC education grant.

The NCCU was established in 2008 in order to coordinate the national response to the growing number of OVC in the country. The NCCU was responsible for developing the first National Plan of Action for OVC, which underwent a review that led to the second National Plan of Action for Children, 2011-2015. They were also instrumental in the passing of the National Children's Policy in 2009. The NCCU facilitates several technical working groups that serve to coordinate the activities of implementing organizations supporting psychosocial support, neighborhood care points, child protection, etc. The NCCU has coordinated an open distance learning program for community caregivers (REPSI, University of Kwazulu Natal), which is in its second year of operation and they have recently launched a National Strategic

Framework for Psychosocial Support for Children. PEPFAR has supported the NCCU to develop Quality Service Standards for Vulnerable Children's Programming, an activity that is ongoing.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12191**		
Mechanism Name:	**TBD DPM's Office**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
Redacted of the TBD funds will be used to support the DSW and NCCU in their efforts to improve the situation of vulnerable children in Swaziland. PEPFAR support will be used to place a technical advisor within the DSW to help them to develop plans and prioritize activities, and to provide ongoing support to the realignment process, an activity planned under OHSS. This type of hands-on support and mentoring is expected to yield more sustainable results with this department that has such limited human capacity at present. PEPFAR funds will also be used to assist the NCCU with key planning and policy setting activities.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12559	**Mechanism Name: SCMS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 28,608	
Funding Source	**Funding Amount**
GHCS (State)	28,608

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12559**		
Mechanism Name:	**SCMS**		
Prime Partner Name:	**Partnership for Supply Chain Management**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	28,608	
Narrative:			
In January 2010 the Office of the Global AIDS Coordinator (OGAC) MC Technical Working Group (TWG) offered to the Swazi Ministry of Health (MOH) MC Task Force (TF) that if the Government of the Kingdom of Swaziland (GKOS) were supportive, OGAC would be able to financially support an accelerated scale			

up of the five year plan so that all MCs could be carried out within one year. By the end of February, the GKOS had approved this option. A detailed action plan is being prepared in Swaziland by the MOH MC TF.

Reaching 80% of 15-49 year old men with MC services in less than 12 months could prevent 88,000 (44% of all) new HIV infections through 2025 (compared to 64,000 and 33% in the current five year strategy). Through the ASI, Swaziland will be uniquely situated to demonstrate actual population-level reductions in HIV incidence nationally, most quickly among circumcised men and shortly thereafter among women and uncircumcised men. Post-MC scale-up reductions in HIV incidence among women—an indirect benefit of declining population-level prevalence—has yet to be demonstrated. This initiative will be the first chance to show these results and will have broad implications for future MC programs in the region.

Swaziland's MC ASI strategy endeavors to provide voluntary MC for HIV prevention services to approximately 125,000-175,000 Swazi males 15-49 years of age in a 12 month period. There are approximately 236,594 Swazi boys/men of this age; 8% (18,928) are already circumcised, and 26% (61,514) are HIV positive. HIV testing will be offered (but not required) for all men participating in the ASI. Presently, approximately 82% of men electing to go for MC choose to also be tested for HIV. Comparable statistics for the ASI will show 140,000 – 150,000 men who will elect to take an HIV test. So as not to deplete the national supply of test kits PEPFAR will need to procure the test kits and other commodities to support this aspect of the ASI. The money received to date from OGAC is insufficient to cover all supplies and commodities needed, hence why this one-time funding is requested through unallocated country funds.

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing					21,000	21,000
ICASS					240,000	240,000
Staff Program Travel					19,500	19,500
USG Staff Salaries and Benefits					948,709	948,709
Total	**0**	**0**	**0**	**0**	**1,229,209**	**1,229,209**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (USAID)		21,000
ICASS		GHCS (USAID)		240,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				7,000		7,000
ICASS				26,000		26,000
Staff Program Travel				6,500		6,500
USG Staff Salaries and Benefits				77,903		77,903
Total	**0**	**0**	**0**	**117,403**	**0**	**117,403**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		7,000
ICASS		GHCS (State)		26,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			15,000			15,000
Computers/IT Services			30,000			30,000
ICASS			92,000	200,000		292,000

Staff Program Travel			32,500			32,500
USG Staff Salaries and Benefits			1,030,500	157,015		1,187,515
Total	**0**	**0**	**1,200,000**	**357,015**	**0**	**1,557,015**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		15,000
Computers/IT Services		GAP		30,000
ICASS		GAP		92,000
ICASS		GHCS (State)		200,000

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				35,000		35,000
ICASS				130,000		130,000
Non-ICASS Administrative Costs				122,000		122,000
Staff Program Travel				21,250		21,250
USG Staff Salaries and Benefits				289,515		289,515

Total	**0**	**0**	**0**	**597,765**	**0**	**597,765**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		35,000
ICASS		GHCS (State)		130,000
Non-ICASS Administrative Costs		GHCS (State)		122,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
USG Staff Salaries and Benefits				50,000		50,000
Total	**0**	**0**	**0**	**50,000**	**0**	**50,000**

U.S. Peace Corps Other Costs Details